

20230001986

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



SAINT PAUL SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Table with 2 columns: Types of License(s) being applied for, Fee(s). Includes handwritten entries for Liqueur on-sale (101-180 seats), Liqueur on-sale - Sunday, and Entertainment A. Total fee is \$0.00.

Business Information

Business Address: 883 Payne Ave St. Paul MN 55130
Company Name: Palmar Mexican Restaurant + Mariscos II LLC
Company Type: Partnership LLC
Date of Incorporation: 9/28/2023
Date of Anticipated Opening: 11/01/2023
Mailing Address: 883 Payne Ave St. Paul MN 55130
Business Phone #: 952-288-1315
Email Address: elpalmarmexican@gmail.com

Applicant Information

Applicant Name: Guillermo Meza Gonzalez
Title: Owner
Date of Birth: [Redacted]
Drivers License: [Redacted]
Email: [Redacted]
Home Address: [Redacted]
Cell Phone #: [Redacted]
Alternate Phone #: [Redacted]

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes: No:

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

Are you going to have a manager or assistant in this business?

Yes: No:

If manager is not the same as the operator, please complete the following information:

Manager Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Guillermo _____ Meza Gonzalez
First Middle Last

Title: owner Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____

Officer Name: Jose _____ M _____ Vazquez Aguilar
First Middle Last

Title: owner Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Officer Name: _____
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.



_____ owner _____ 10/05/23
Title Date