

20180002846



CITY OF SAINT PAUL  
Department of Safety and Inspections  
Ricardo X. Cervantes, Director  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

Class "A" Application

LICENSES ARE NOT TRANSFERRABLE

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

Types of License(s) being applied for:

Fee(s):

a.	New License Liquor On Sale - 100 seats or less	<u>Restaurant</u>	\$4795.00	2,399.50 (1/2)
b.	Sunday License		200.00	
c.				
d.				
e.				
f.				
g.				2,599.50
Total:			\$4995.00	

Business Information

Business Address: 928 7th Street West St. Paul MN 55102  
Street City State Zip

Company Name: GAZTA AND ENHANCEMENTS, LLC Doing Business As: GAZTA & Enhancements

Company Type: Corporation  Partnership  LLC Sole Proprietorship

Date of Incorporation: 07 / 26 / 2017 Anticipated Opening: 08 / 01 / 2018

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: 612 568 5737 Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: HALEY FRITZ  
First Middle Last

Title: OWNER/MEMBER Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State License # Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  No:

If no, who will operate it?

Operator Name: \_\_\_\_\_  
First Middle Last  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_

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: Lark Leigh GILMER  
First Middle Last  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

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

Officer Name: Anthony Fritz  
First Middle Last  
Title: Owner/Member 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: \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_ Title: Owner/Member Date: June 7, 2018