

20180002651



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsj

Class "N" License 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. Liquor on-sale 101-180 seats - 1/2 2,055.00
- b. Liquor on-sale Sunday 5,310.00
- c. Liquor outdoor Service Area (Patio) 200.00
- d. Entertainment A 75.00
- e. _____ _____
- f. _____ _____
- g. _____ _____

Total: \$3,179.00

Business Information

Business Address: 2260 Como Ave St. Paul MN 55108
Street City State Zip

Company Name: Jans Enterprises Inc Doing Business As: Nico's Tacos

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 7 / 15 / 2013 Anticipated Opening: 8 / 1 / 2018

Mailing Address: _____
Street City State Zip

Business Phone: 612-227-5817 Fax Number: 612-886-1187

Applicant Information

Applicant Name: Jenna Marie Victoria
First Middle Last

Title: V. President Date of Birth: _____

Drivers License: _____
State License #

Home Address: _____
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: _____
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: Natalie K Victoria
First Middle Last

Title: Secretary Email: _____

Home Address: _____
Street City State Zip

Date of Birth: ____ Phone: _____

Officer Name: Isidro Victoria
First Middle Last

Title: Treasurer Email: _____

Home Address: _____
Street City State Zip

Date of Birth: ____ Phone: _____

Officer Name: Alejandro - Victoria
First Middle Last

Title: President 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.

Signature: _____ Title: V. President Date: 5/7/18

E-7/26/18-Cab