



SAINT PAUL
SAFETY & INSPECTIONS

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

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--|----------------------------------|
| 1. | <u>liquor on sale 101-180 seats</u> | <u>\$,497</u> |
| 2. | <u>on sale & Sunday liquor license</u> | <u>Oct 200 Dec 23</u> |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: \$ 0.00

Business Information

Business Address: 36 S Dale Street St. Paul MN. 55102
Street City State Zip

Company Name: "JED, Inc." Doing Business As: La Cucaracha

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ Date of Anticipated Opening: Oct. 1st 2003

Mailing Address: 36 S Dale Street St Paul MN 55102
Street City State Zip

Business Phone #: 651-227-3156 Email Address: lauc.36dale@gmail.com

Applicant Information

Applicant Name: Jill A Danna
First Middle Last

Title: owner Date of Birth: _____

Drivers 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: Edgar E Anelu
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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: Jill Ann Danna
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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

Officer Name: Edgar Anelu
Title: owner Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Jill Ann Danna
Title: President/owner Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
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.

[Redacted Signature] owner 8/1/2023
Title Date