

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

Class "R" 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: 49 Seats / Restaurant Fee(s):							
" Liquor on sale - 100 Seats or less.				5,361.00			
b. Liquor on sale Sunday				\$200.00			
C. ENTERTAIN MENT A				\$ 278.00			
d,							
			Total:	\$ -			
Business/Applicant Information							
Business Address:	1322 Rice Street	St Paul		MN 55117			
Mall To Address:	Same	City		Zip			
Company Name:	Taco H, LLC	Doing Business As:	Tromperia El Za	zip			
Company Type:	Corporation LLC	Partnership	Sole Proprietorship	Particular			
Licensee/Owner Name: (Responsible Party)	Miriam	Middle	Gutierrez Alarc	on			
Title:	Owner	Driver's License:					
Date of Birth:			ricelise ii				
Applicant Home Address:	Street						
Home Phone #:	Street.	Business Phone #:	651-797-	H575			
Fax #:		Email:					
Supplemental Required Information							
Business Manager, if differe							
Manager's Name:	ent from Appacant						
Manager's Name;	First	Middle	Last				
Home Address;	Street	City	****	State ZIp			
Date of Birth:		Phone #:	· · · · · · · · · · · · · · · · · · ·				
Emall Address:							

pplemental Require	d Information	_	_		
Are you going to operate If <u>no</u> , who will operate it	e this business personally? ??	Yes:	No:		
Operator Name:	Miriam		Gu	atierrez Alarcon	
Home Address					
Date of Birth:					
Are you going to have a	manager or assistant in this l	ousiness? Yes	: 💿 No): (C)	
•	me as the operator, please co	mplete the following	-		
Manager Name:				rcon Hernandez	
Home Address	rst	Middle	Last		
Date of Birth:					
Please list all other	officers of the corporatio	n (Attach anothe	er sheet if appli	cable.)	
Officer Name:		Miguel	Lo	pez de Haro	
Title:	First Co Owner/Manager	Middle			
ritie:	oo ownonmanagor	Email:			
Home Address					
Date of Birth:					
-					
Officer Name:	First	Middle	Las	t	
Title:		Email:			
Home Address:					
	Street	City		State	Zìp
Date of Birth:	Phone	2#:			
Officer Name:					
Omeer Hume.	First	Middle	Las	t	
Title:		Email:			
Home Address:	Stroot	City		State	Zip
Date of Birth:		e #:		State	2.19
FALSIFICATION OF AN	ISWERS GIVEN OR MATERIA	L SUBMITTED WILI	. RESULT IN DEN		
my knowledge and belief. I a	swered all of the preceding question also hereby state that I have provide strict in which my business will oper	ed a completed District (on contained herein is Council Notification Fo	s true and correct to the rm to the district counci	pest of
		Presid	lant	11-29-2	3
		Title		Date	