

240000258



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~~^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:

44 seats / Restaurant

Fee(s):

- a. Liquor on Sale - 100 seats or less. 5,361.00
- b. Liquor on Sale Sunday \$200.00
- c. ENTERTAINMENT A \$278.00
- d. _____

Total: \$

Business/Applicant Information

Business Address: 1322 Rice Street St Paul MN 55117
Street City State Zip

Mail To Address: Same
Street City State Zip

Company Name: Taco H, LLC Doing Business As: Tromperia El Zac

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Licensee/Owner Name: Miriam Gutierrez Alarcon
(Responsible Party) First Middle

Title: Owner Driver's License:
License #

Date of Birth:

Applicant Home Address:
Street City State Zip

Home Phone #: Business Phone #: 651-797-4575

Fax #: Email:

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name:
First Middle Last

Home Address:
Street City State Zip

Date of Birth: / / Phone #:

Email Address:

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐
If no, who will operate it?

Operator Name: Miriam Gutierrez Alarcon

Home Address: 

Date of Birth: 

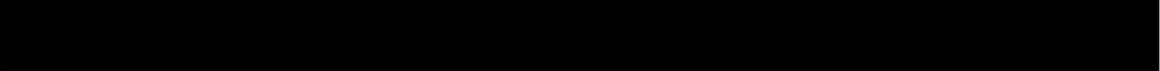
Are you going to have a manager or assistant in this business? Yes: ☒ No: ☐

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

Manager Name: Alicia Alarcon Hernandez

First Middle Last

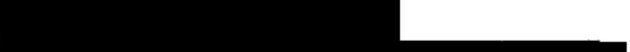
Home Address: 

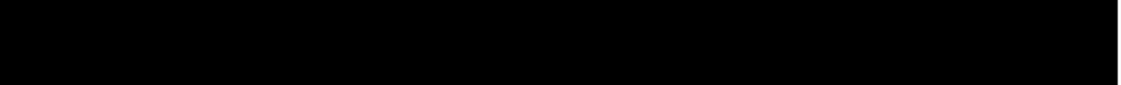
Date of Birth: 

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

Officer Name: Hector Miguel Lopez de Haro

First Middle Last

Title: Co Owner/Manager Email: 

Home Address: 

Date of Birth: 

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. 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.



President
Title

11-29-23
Date