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: 49 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 (Street) St Paul (City) MN (State) 55117 (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: (Responsible Party) Miriam (First) Gutierrez Alarcon (Middle)
Title: Owner Driver's License: [redacted] (State) (License #)
Date of Birth: [redacted]
Applicant Home Address: [redacted] (Street) (City) (State) (Zip)
Home Phone #: [redacted] Business Phone #: 651-797-4575
Fax #: Email: [redacted]

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: [redacted]

Date of Birth: [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: Alicia Alarcon Hernandez
First Middle Last

Home Address: [redacted]

Date of Birth: [redacted]

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

Officer Name: Hector Miguel Lopez de Haro
First Middle

Title: Co Owner/Manager **Email:** [redacted]

Home Address: [redacted]

Date of Birth: [redacted]

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.

[redacted] President 11-29-23
Title Date