

20190000107



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/dsi

RECEIVED IN D.S.I.
JAN 11 2019

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 : 100 seats or less 4,195.00
- b. Liquor On-Sale : Sunday 200.00
- c. Entertainment A 248.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 5,243 .

Business Information

Business Address: 976 Concordia Ave St. Paul MN 55104
Street City State Zip

Company Name: Taste of Rondo LLC Doing Business As: Taste of Rondo Restaurant

Company Type: Corporation _____ Partnership _____ Sole Proprietorship

Date of Incorporation: 11 / 30 / 16 Anticipated Opening: 1 / 2019

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Charles E Carter
First Middle Last

Title: owner Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
St. ...

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: _____

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: _____

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.

Applicant Signature _____ Title _____ Date _____