

2023 000 1117

OK enter
903



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. Wine on sale 1937.00 2000.⁰⁰
- 2. Malt on-sale strong 622.00 649.⁰⁰
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: ~~1.111~~ 2649.⁰⁰

Business Information

Business Address: 641 university ave W Saint Paul MN 55104
Street City State Zip

Company Name: Slice Brothers Frogtown LLC Doing Business As: Slice Brothers

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 11/01/2022 Date of Anticipated Opening: 08/01/2023

Mailing Address: 641 university ave W Saint Paul MN 55104
Street City State Zip

Business Phone #: 6127091875 Email Address: Hosie@sliceminneapolis.com

Applicant Information

Applicant Name: Hosie Thurmond
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

Supplemental Required Information

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

Operator Name: Curtis Hall
First Middle Last
Home Address: [Redacted] [Redacted] [Redacted] [Redacted]
Street City State Zip
Date of Birth: [Redacted] Phone #: _____ Email Address: _____

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: Curtis Hall
First Middle Last
Home Address: [Redacted] [Redacted] [Redacted] [Redacted]
Street City State Zip
Date of Birth: [Redacted] Phone #: _____ Email Address: [Redacted]

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

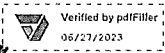
Officer Name: Adam Kado
First Middle Last
Title: [Redacted] Email: [Redacted]
Home Address: [Redacted] [Redacted] [Redacted] [Redacted]
Street City State Zip
Date of Birth: [Redacted] Phone #: [Redacted]

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 Signature]  owner 06/27/2023
Applicant Signature Title Date