



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.
Print out and sign this form once complete.

Types of License(s) being applied for:

Fee(s):

1. Patio liquorations _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total:

Business Information

Business Address: 605 W. 7th St. St. Paul MN
Street City State Zip

Company Name: Eclectic Culinary Concepts Doing Business As: Pajarito

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 7-19-2014 Date of Anticipated Opening: Summer for patio use

Mailing Address: P.O. Box 50794 Minnetonka MN 55150
Street City State Zip

Business Phone #: 651-340-9545 Email Address: dsanford@EclecticCulinary.com

Applicant Information

Applicant Name: Steve Hesse
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: _____ Alternate Phone: [REDACTED]

Supplemental Required Information

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

Operator Name: SAME
First Middle Last
Home Address: _____
Street City State Zip
Date of Birth: _____ 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: Jennifer Yanta
First Middle Last
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: Steve Hesse
First Middle Last
Title: Owner Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

Officer Name: Tyge B. Nelson
First Middle Last
Title: V.P. Treas. Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

Officer Name: Charlie A. Borrinos
First Middle Last
Title: V.P. Sec. 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.

[Signature] _____
Signature Title Date
Owner 6/7/23