



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Website at: 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)

Types of License(s) being applied for: (Office Use Only)

Fees

Liquor on Sale 101-180 SEATS (139 SEATS)	5054.00
Liquor on Sale SUNDAY	200.00
Alcohol Permit	27.00
Total	5281.00

Anticipated Date of Opening: 10 / 15 / 2014 Company Name: Eagle Street Grille, LLC.

Business Name (DBA): TBD Business Phone: 651-330-6002

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 12 / 2 / 2002

Business Address (business location): 173 Western Avenue Saint Paul MN 55102-9571
Street (#, Name, Type, Direction) City State Zip + 4

Mail To Address (if different than business address): 235 East 6th Street, Ste 200 Saint Paul MN 55101-1979
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: Joseph Michael Kasel Owner
First Middle (Maiden) Last Title

Home Address: _____
Street (#, Name, Type, Direction) City State Zip + 4

Phone: _____ Alternative Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Driver License: _____ State of Issue: MN

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ NO X

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: Liquor (Eagle Street Grille) 174 7th St

Have any of the above named licenses ever been revoked? _____ YES X NO If yes, list the dates and reasons for revocation: _____

Are you going to operate this business personally? X YES _____ NO If not, who will operate it? _____

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? YES NO If the manager is not the same as the Operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth
()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

List all other officers of the corporation (use additional pages if necessary):

Officer Name Title Home Address Home Phone Business Phone Date of Birth
Kevin Geisen Owner

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

LLC

First Name Middle Initial (Maiden) Last Date of Birth
()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

First Name Middle Initial (Maiden) Last Date of Birth
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Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

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.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature (Required) Title Date
Owner 5/30/2014

All Class N applications must be submitted with the following documents:

- 1. Provide a copy of your executed (signed) rental lease and/or assignment and, if intended use not specified in lease, a letter of permission from the landlord to allow this type of business operation on the premises. Otherwise, provide a copy of your Purchase Agreement and/or Bill of Sale for the property.
- 2. If incorporated or a partnership, provide proof of current filing status with the Office of the Minnesota Secretary of State and documentation outlining ownership distribution and/or allocation of corporate shares.



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" " " SUNDAY	2.00 00
Alarm Permit	27 00
Total	

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Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 12 / 2 / 2002

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Mail To Address (if different than business address): 235 East 6th Street, Ste 200 Saint Paul MN 55101-1979
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: Kevin Howard Geisen Owner
First Middle (Maiden) Last Title

Home Address: _____
Street (#, Name, Type, Direction) City State Zip + 4

Phone: _____ Alternative Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Driver License: _____ State of Issue: _____

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ NO X

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