

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)	4		Fees
		101-1805EA	75 (139 SEAT.	5054,00
LIOUDR D	N SALE	SUNDAY		200 00
	Permit			27 00
				1 =781 09
			Tota	1528100
10 / 15	/ 2014 Com	pany Name: Eagle S	treet Grille . LLC.	
Anticipated Date of Opening: 10 / 15	/			220 6002
Business Name (DBA): TBD		B	Business Phone: 651	-330-6002
Business Type (circle one): CORPORATION PA	ARTNERSHIP SOLE I	PROPRIETORSHIP Dat	e of Incorporation: _	12 / 2 / 2002
Business Address (business location): 173 W	lestern Avenue		Saint Paul	MN 55102-9571
	Street (#,	Name, Type, Direction)	City	State Zip + 4
Mail To Address (if different than business a	ddress): 235 East	6th Street, Ste 200	Saint Paul	MN 55101-1979
	Street (#,	Name, Type, Direction)	City	State Zip + 4
Applicant Name and Title: Joseph First	Michael		Kasel	Owner
	Middle	(Maiden)	Last	Title
Home Address: Street (#, Name, Type, Direction	n)	City	Si	tate Zip + 4
Phone: Alternati	ve Phone:	Er	nail:	
Date of Birth P	lace of Birth:			
Driver License:			MNI	
				NO X
Have you ever been <u>convicted</u> of any felony,	crime or violation (or any city ordinance	omer man tranic?	1120 NO
Date of Arrest: W	nere?			
Charge:				
):	
Conviction:		1 i	guor (Eagle Street G	Grille) 174 7th Sth
List licenses which you currently hold, form	erly held, or may h	ave an interest in:		
		XZDG X XXC	re 12.4.41 3.4-	nd voogane fan newaastien.
Have any of the above named licenses ever h	een revoked?	YESNO	ii yes, iist the dates a	na reasons for revocation:
Are you going to operate this business perso	nally? X YES	SNO If not,	who will operate it?	
First Name Middle Initi	al (M	aiden)	Last	Date of Birth
A ALDE TIME		,		(
Home Address: Street (#, Name, Type, Dire	ction) City	y State	Zip + 4	Phone Number
Home Address. Street (#, Hame, Lype, Dire	OIL,	, 2.400		

APPLICANT INFORM Are you going to have a Operator, please comp	AATION (Continued): a manager or assistant in this busilete the following information:	iness?XY	TESNO	If the manage	er is not the same as the
First Name	Middle Initial	(Maiden)		Last	Date of Birth
					()
Home Address: Street	(#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
Licensee Work History	y(list name, address and phone num	ber of all employ	ers for the previ	ous 5 year perio	d)
Officer Name T	of the corporation (use additional Citle Home Address			Business Phon	ne Date of Birth
If business is a partner LLC First Name	rship, please include the following Middle Initial	g information for (Maiden)	r each partner (use additional p Last	Date of Birth
Home Address: Stree	t (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
First Name	Middle Initial	(Maiden)		Last	Date of Birth
Home Address: Stree	et (#, Name, Type, Direction)	City	State	Z ip + 4	()Phone Number
FALSIFICATION OF I hereby state that I have my knowledge and below CONSENT TO BACT I hereby consent to and information I have proto provide these record contained in the criminal contained in the crim	F ANSWERS GIVEN OR MATE we answered all of the preceding questief. KGROUND CHECK authorize the Saint Paul Police Devided to check criminal histories, and its to DSI and its City Attorney to denal background investigation is not put expires one year from the date belonger.	partment and the rest and driving retermine my eligioublic, except the ow.	ne information c Department of Secords, and ware bility for a Class	Safety and Inspectant information N License. I under the service of the service	s true and correct to the best of ctions (DSI) to use the and for the Police Department derstand that the information wenforcement or licensing
		MVW		····	5/30/2014 Date
Appl. agnature (F					Date
1. Provide a control of the permission from Purchase Agrange 2. If incorporations are also as a second of the permission	cons must be submitted with the forceopy of your executed (signed) rental or the landlord to allow this type of the reement and/or Bill of Sale for the prated or a partnership, provide proof on outlining ownership distribution a	al lease and/or ass f business operat roperty. of current filing	signment and, if ion on the preming status with the C	ses. Otherwise, p	provide a copy of your



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
LIQ ON SALE 101-180	5054 00
11 K 1' SUNDA	200 00
Alaon Parant	27 00
Total	
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	<u> </u>
Business Address (business location): 173 Western Avenue Saint Paul MI	
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: 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
Date of Arrest: Where?	
Charge:	
Conviction: Sentence:	
Liquor (Eagle Street Grille List licenses which you currently hold, formerly held, or may have an interest in:	9)
Have any of the above named licenses ever been revoked?YESXNO If yes, list the dates and I	easons for revocation:
Are you going to operate this business personally? X YESNO If not, who will operate it?	
Are you going to operate this business personally? X YESNO If not, who will operate it? First Name Middle Initial (Maiden) Last	Date of Birth
First Name Middle Initial (Maiden) Last	Date of Birth) one Number

Are you going to have	MATION (Continued): a manager or assistant in this busplete the following information:	siness? X	ESN	O If the manager	is not the same as the
First Name	Middle Initial	(Maiden)		Last	Date of Birth
					()
	et (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
Licensee Work Histor	\mathbf{y} (list name, address and phone num	nber of all employe	rs for the prev	nous 5 year perioa,)
			υ,		
7.1. II (1) (0)		noces if noosser			
Officer Name	of the corporation (use additional Title Home Addres owner		ome Phone	Business Phone	Date of Birth
If business is a partne	ership, please include the following	g information for	each partner	(use additional pa	ges if necessary):
LLC	• • •				
First Name	Middle Initial	(Maiden)		Last	Date of Birth
					()
Home Address: Stre	et (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
First Name	Middle Initial	(Maiden)		Last	Date of Birth
					()
Home Address: Stre	et (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
FALSIFICATION O	F ANSWERS GIVEN OR MATE we answered all of the preceding qu	ERIAL SUBMITT estions and that the	ED WILL R	ESULT IN DENIA contained herein is	L OF APPLICATION true and correct to the best of
I hereby consent to an information I have proto provide these record contained in the crimi	CKGROUND CHECK and authorize the Saint Paul Police Described to check criminal histories, and so DSI and its City Attorney to demand background investigation is not not expires one year from the date below.	rrest and driving re etermine my eligib public, except that	cords, and wa	rrant information; a s N License. I und	and for the Police Department erstand that the information
		The Arcil		_	5-30 -/4 Date
Applioù ture (Required) Titl	e Dister			Date /
All Class N application 1. Provide a permission for Purchase Ag 2. If incorpo	ions must be submitted with the forcepy of your executed (signed) rentarom the landlord to allow this type of greement and/or Bill of Sale for the prated or a partnership, provide proof on outlining ownership distribution	ollowing document al lease and/or assing business operation or operty. To for current filing services are also become a services and the services are also become an also become a services are also become a	gnment and, it on on the premates atus with the	ises. Otherwise, pro	ovide a copy of your