20240000155

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received
FEB 1 2024
City of Saint Paul - 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: **Fee(s):**

a.	Liquor On Sale 100 Seat or Less	5361
b.	Liq. On Sale - Sundays	200
c.	Entertainment FF	278
d.		
e.		
f.		
g.		

5,839 **Total:** $ [redacted]

Business Information

Business Address: 1641 Rice Street (Rice) St. Paul MN 55125
Street / City / State / Zip

Company Name: Tres Amigos Restaurant Corp LLC **Doing Business As:** Cancun Mexican Grill & Cantina

Company Type: Corporation _____ Partnership _____ LLC Sole Proprietorship _____

Date of Incorporation: 1 / 1 **Anticipated Opening:** 3 / 15 / 2024

Mailing Address: 1641 Rice Street St. Paul MN 55125
Street / City / State / Zip

Business Phone: _____ **Fax Number:** _____

Applicant Information

Applicant Name: Juan Antonio Vazquez Llamas
First / Middle

Title: President **Date of Birth:** [redacted]

Drivers License: [redacted] **Email:** [redacted]

Home Address [redacted]
City / State / Zip

Cell Phone [redacted] **Alternate Phone:** _____

(Continued on back)

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: Juan Antonio Vazquez Llanas (First / Middle)

Title: Owner - manager Email: [redacted]

Home Address: [redacted] (Street / City / State / Zip)

Date of Birth: [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: [redacted]

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.

[redacted] Owner - manager (Title) 1/31/2024 (Date)