

2016 0002116



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

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 seats or less 4,701.00
- b. Liquor outdoor service area (sidewalk) 34.00
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 4,735.00

Business Information

Business Address: 1668 Selby Ave St Paul MN 55104  
Street City State Zip

Company Name: Augustine's Inc Doing Business As: Augustine's

Company Type:  Corporation  Partnership  Sole Proprietorship

Date of Incorporation:  / / Anticipated Opening:  / /

Mailing Address: 1668 Selby Ave St Paul MN 55104  
Street City State Zip

Business Phone: 651-447-3729 Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: Anthony Gerard Andersen  
First Middle

Title: ~~CEO~~ President Date of Birth:  / /

Drivers License: \_\_\_\_\_ Email: smalltowntony@gmail.com

Home Address: \_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally?

Yes: X No: \_\_\_\_\_

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:

EMILY A Brink

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:

Anthony G Andersen

Title:

President Email: smalltowntony@gmail.com

Home Address:

Street City State Zip

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Officer Name:

Hollis A Roads

Title:

Vice president Email: hollis.roads@gmail.com

Home Address:

Street City State Zip

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Officer Name:

Anne M Melco

Title:

Secretary/treasurer Email: anne@thehappyaname.com

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.

Applicant Signature

Title

Date

President

6-23-16