

JAN 02 2019



CITY OF SAINT PAUL  
Department of Safety and Inspections  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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. Add Liquor On Tap - 2 AM Closing 53.00\*
- b. to existing license # 2013005374
- c. \_\_\_\_\_
- d. \* Must also include separate
- e. payment for State AGED
- f. Optional 2 AM Liq. Lic.
- g. \_\_\_\_\_

Total: \$ 53.00

Business Information

Business Address: 1067 Hudson Rd  
Street City State Zip

Company Name: Mounds Park Sports Bar LLC Doing Business As: SAME

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 8/19/14 Anticipated Opening: 9/1/14

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: 651-340-0319 Fax Number: N/A

Applicant Information

Applicant Name: William John Spiess  
First Middle Last

Title: Owner Date of Birth: \_\_\_\_\_

Drivers License \_\_\_\_\_ Email: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Alternate Phone: N/A

(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:

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: \_\_\_\_\_

Officer Name:

First Middle Last

Title:

\_\_\_\_\_ 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,

Applicant Signature

Owner  
Title

Date

E-11/25/19-Cab