240000267



## Saint Paul, Minnesota 55101 Phone: 651-266-8989

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.

This application requires District Council notification prior to submission.

Types of License(s	, ) being applied for:	,		Fee(s):	
•	10r On-Sale -101				937.00
3. Liga	or On-Sale 2	am clos	ing		00.00 . <del>9.0</del> 0
	ertaiment B				72.00
6. <u>Gaw</u> 7	bling Location				34.00
Business Information	1			Total: \$(0	DDD 6893
	1625 University				
Company Name:	Dilla Sport Bara	nd Restaura	🖈 Doing Business As: _		
Company Type:	Corporation 🔘	Partners	hip 🔘	Sole Proprietorsh	ip 🚫
Date of Incorporation:	·	_ Date	of Anticipated Opening:_	March, 200	24
Mailing Address:	1625 Universite	1 Ave. W	city	-	F-
Business Phone #:	612-298-3803	-	Email Address	: innovative	ps \$12@gmail.com
Applicant Informa	tion			0	
Applicant Name	e: <u>Bekis</u> First	Middle	Le	ista	
Title:	Owner		Date of Birth:		
Drivers License:	State License #	Em	ail: _		
Home Address:	Street	4	City		ZIP
Cell Phone #:			Alternate Phone #		

## **Supplemental Required Information** Are you going to operate this business personally? If no, who will operate it? **Operator Name: Home Address:** Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ **Email Address:** Are you going to have a manager or assistant in this business? If manager is <u>not</u> the same as the operator, please complete the following information: Manager Name: Middle **Home Address:** State Phone #: **Email Address:** Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) **Officer Name:** Last Title: Email: \_\_\_\_\_ **Home Address:** State Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_ Officer Name: Last Title: \_\_\_\_\_\_ Email: \_\_\_\_\_ Home Address: City State Zip Date of Birth: Phone #: \_\_\_\_\_ Officer Name: Middle Title: \_\_\_\_\_\_ Email: \_\_\_\_\_ **Home Address:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Birth:

## 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. I also hereby state that trave provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

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Applicant Signature	Title	Date