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JAN 28 2021



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

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 4,391.00
- b. Gambling Location 77.00
- c. Entertainment A 253.00
- d. Liquor On Sale Sunday 300.00
- e. _____
- f. _____
- g. _____

Total: \$5,421.-

Business Information

Business Address: 674 DODD RD. ST. PAUL MN 55107
Street City State Zip

Company Name: SHADEYS TAVERN Doing Business As: SHADEYS TAVERN

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 11 / 17 / 20 Anticipated Opening: ASAP / 1

Mailing Address: 674 DODD RD ST PAUL MN 55107
Street City State Zip

Business Phone: 651-493-4660 Fax Number: _____

Applicant Information

Applicant Name: LEE ANTHONY SANTOYA
First Middle Last

Title: OWNER Date of Birth: _____ / _____ / _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street State Zip

Cell Phone: _____ Alternate Phone: _____

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

1/20/21