



**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/dsj](http://www.stpaul.gov/dsj)

### 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. <u>Liquor On Sale 291 or More Seats</u>   | <u>\$5,882.00</u> |
| b. <u>Liquor On Sale Sunday</u>  | <u>\$200.00</u>   |
| c. <u>Liquor On Sale 2AM Closing</u>   | <u>\$54.00</u>    |
| d. <u>Liquor Outdoor Service Area (Rooftop Patio)</u>                                | <u>\$78.00</u>    |
| e. <u>Entertainment (B)</u>  | <u>613.00</u>     |
| f. _____   | _____             |
| g. _____   | _____             |
| <b>Total:</b> <span style="border: 1px solid black; padding: 2px;">\$6,214.00</span> |                   |

*\$6,827.00*

#### Business Information

Business Address: 255 Sixth Street East Floor 6 Saint Paul MN 55101  
Street City State Zip

Company Name: ABPEC LLC Doing Business As: A'BULAE

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

Date of Incorporation: 9 / 8 / 2022 Anticipated Opening: 12 / 2 / 2022

Mailing Address: 255 Sixth Street East Floor 6 Saint Paul MN 55101  
Street City State Zip

Business Phone: 612-331-5000 Fax Number: 612-378-1674

#### Applicant Information

Applicant Name: Patrick Charles Kellis  
First Middle Last

Title: Co-Managing Member Date of Birth:  / /

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

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

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

Supplemental Required Information

Are you going to operate this business personally? Yes: X 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: X No:       

If manager is not the same as the operator, please complete the following information:

Manager Name: Sara Marie Lybarger  
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: Timothy Edward George  
First Middle Last

Title: Co-Managing Member Email: \_\_\_\_\_

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

Date of Birth:        /        /        Phone: 612-868-2125

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

Co-Managing Member  
Title

9/19/2022  
Date