



**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](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. | Liquor On Sale 101-180              | \$,310.00 |
| b. | Liquor On Sale Sunday               | 200.00    |
| c. | Liquor On Sale 2am Closing          | 53.00     |
| d. | Liquor Outdoor Service Area (Patio) | 26.00     |
| e. | Entertainment B                     | 601.00    |
| f. | Gaming Location                     | 75.00     |
| g. | Alarm Permit                        | 3828.00   |

Total: **\$ 6343.00**  
 10352.00

#### Business Information

Business Address: 825 W. Jefferson Ave. St. Paul Mn 55102  
Street City State Zip

Company Name: St. Paul Grill, LLC Doing Business As: Tax on the Ave

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 1/1 Anticipated Opening: 1/1

Mailing Address: Hospitality Management  
600 Inwood Ave. N. St. 230 Oakdale Mn 55128  
Street City State Zip

Business Phone: 651-318-3100 Fax Number: NA

#### Applicant Information

Applicant Name: Michael Joseph Tupa  
First Middle Last

Title: Chief Manager Date of Birth: \_\_\_\_\_

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

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

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

**Supplemental Required Information**

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

If no, who will operate it?

Operator Name: Colin Myers

Home Address: \_\_\_\_\_

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: TBD

Home Address: \_\_\_\_\_

Date of Birth: / / Phone: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Daniel Lee Gelb

Title: Member Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: / / Phone: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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: Chief Manager Date: 12-31-17