

20250001143

Class "N" License Application

Received CENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989 Web: www.stpaul.gov/dsi

Payment must be received with each JUL 2 2 2025 application. This application is subject to review by the public.

	s) being applied for:		Fee(s):			
Licens	License N - 100 seats or less					
2. Liquo	Liquor On-Sale Sunday					
3. Liquo	Liquor Outdoor Service Area — Patio					
4. Enter	tainment A		\$285 \$278.			
5.	Section 11	ng yang nang re		56 9 Ha		
6.	. Se se se	Sels III		Marine Na		
7.	Ang en de la san	The State of the S		#1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	7		Total	E071		
ess Informatio	n		Total	5151		
usiness Address:	1552 Como Ave	St Paul	М	N 55108		
	La Morelense Restaurant and	Sweets Inc. Doing Busines		nse Lestavay		
Company Type:		Partnership 🔘	and Sweets. Sole Proprietorship			
Incorporation	04/01/2025	Date of Anticipated Op	ening:	e en i I a		
lailing Address	1552 Como Ave	St Paul		IN 55108		
ness Phone #	Street 651-219-4746	City Email	State Zip ddress: lamorelenserestaurant@gmail.com			
				a malification		
plicant Informa Applicant Nan	Maria	Eugenia	Rios Castro			
Title:	First Owner	Middle	Last F Right			
	lamorelenserestaurant@gmail.com					
Privers License:		Email:	-			
	State Electise W					

Alternate Phone #:

uppiementai kequire	d illiormation		_					
Are you going to operat If <u>no</u> , who will operate i		nally? Yes:	No:					
Operator Name:	<u>Cristian</u>	Middle	Agala-	Sand	rez			
Home Address								
		V4 5 5		State	Zip			
Date of Birth		Phone #	Email Address:					
Are you going to have a manager or assistant in this business? Yes: No: No:								
		lease complete the follow						
Manager Name:	Cristian		Ayala Sa	anchez				
Fi	rst	Middle	Last					
Home Address:								
Date of Birth:	rnot	Phone #:	Email Address:	State	Zin			
Please list all other officers of the corporation (Attach another sheet if applicable.)								
Officer Name:	Maria	Eugenia	Rios C	astro				
Officer Name.	First	Middle	Last					
Title:	Owner							
Title:								
Home Address.								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Street	C	ity	State	Zip			
Date of Birth:		Phone #						
Officer Name:		Ayala Sanchez						
	First		Middle Last					
Title:	Manager	Email: cristianayala0403@gmail.com						
Home Address	Street		ity	State	ΖIP			
Date of Birth:		Phone #:						
Officer Name:		Middle	1					
	First	Middle	Last					
Title:		Email: _						
Home Address:	Street	C	lity	State	Zip			
Date of Birth:		Phone #:						
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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.								

Title

Applicant Signature