7/22/25 This is okay to enter

2025000011163

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

Received
JUL 22 2025
City of Saint Paul - DSI

SAINT PAUL
SAFETY & INSPECTIONS

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	Fee(s):
1. License N - 100 seats or less	$5361
2. Liquor On-Sale Sunday	$200
3. Liquor Outdoor Service Area – Patio	$85
4. Entertainment A	~~$285~~ #278.
5.	
6.	
7.	
	Total: 5931

Business Information

Business Address: 1552 Como Ave (Street) St Paul (City) MN (State) 55108 (Zip)

Company Name: La Morelense Restaurant and Sweets Inc. **Doing Business As:** La Morelense Restaurant and Sweets.

Company Type: Corporation ◉ Partnership ○ Sole Proprietorship ○

Date of Incorporation: 04/01/2025 **Date of Anticipated Opening:**

Mailing Address: 1552 Como Ave (Street) St Paul (City) MN (State) 55108 (Zip)

Business Phone #: 651-219-4746 **Email Address:** lamorelenserestaurant@gmail.com

Applicant Information

Applicant Name: Maria (First) Eugenia (Middle) Rios Castro (Last)

Title: Owner **Date of Birth:** [redacted]

Drivers License: [redacted] (State License #) **Email:** lamorelenserestaurant@gmail.com

Home Address: [redacted] (Street) (City) (State) (Zip)

Cell Phone #: **Alternate Phone #:**

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: (●) No: ( )

If no, who will operate it?

Operator Name: Cristian (First) N (Middle) Ayala-Sanchez (Last)

Home Address: [redacted] (Street) (City) (State) (Zip)

Date of Birth [redacted] **Phone #** [redacted] **Email Address:** _____

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: Cristian (First) Middle Ayala Sanchez (Last)

Home Address: [redacted] (Street) (City) (State) (Zip)

Date of Birth: [redacted] **Phone #:** [redacted] **Email Address:** [redacted]

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

Officer Name: Maria (First) Eugenia (Middle) Rios Castro (Last)

Title: Owner **Email:** lamorelenserestaurant@gmail.com

Home Address: [redacted] (Street) (City) (State) (Zip)

Date of Birth: [redacted] **Phone #** [redacted]

Officer Name: Cristian (First) Middle Ayala Sanchez (Last)

Title: Manager **Email:** cristianayala0403@gmail.com

Home Address [redacted] (Street) (City) (State) (Zip)

Date of Birth: [redacted] **Phone #:** [redacted]

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. 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.

[redacted] _____ 6/27/2025

Applicant Signature | Title | Date