



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Liquor On-Sale 181-290 Seats 6,360
- 2. Liquor On-Sale Sunday 200
- 3. Liquor On-Sale 2:00 AM 59
- 4. Liquor Outdoor Service Area (Patio) 85
- 5. Entertainment B 672
- 6. Tobacco Shop 535
- 7. _____

Total: \$7,376.00

+535 = 7911.00

Business Information

Business Address: 96 North Dale St Paul MN 55102
Street City State Zip

Company Name: Sweeny's, LLC **Doing Business As:** Sweeny's Saloon

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 09/24/2024 **Date of Anticipated Opening:** 10/31/2024

Mailing Address: 96 North Dale St. Paul MN 55102
Street City State Zip

Business Phone #: (612) 296-6866 **Email Address:** will@willrolf.com

Applicant Information

Applicant Name: William P Rolf
First Middle Last

Title: Chief Managing Director **Date of Birth:** [REDACTED]

Drivers License: [REDACTED] [REDACTED] **Email:** [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] **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 #: _____ 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: Steven Lee Uhl
First Middle Last
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____ Email Address: _____

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

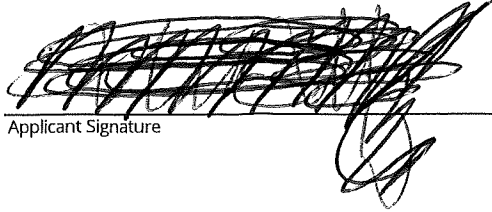
Officer Name: William Rolf
First Middle Last
Title: Chief Managing Director Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

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. 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.

 _____
Applicant Signature Title Date
10/24/24