

80240000753



**SAINT PAUL**  
SAFETY & INSPECTIONS

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**

received

APR 15 2024

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

City of Saint Paul - DSI

**This application requires District Council notification prior to submission.**

**Types of License(s) being applied for:**

**Fee(s):**

- 1. Liquor license 101-180 Seats 5497 5937
- 2. Liquor on sale - Sunday 200
- 3. Liquor outdoor service area (sidewalk) 37 40
- 4. Liquor outdoor service area (patio) 79 85
- 5. Entertainment B ~~2955~~ 622 672
- 6. Gambling 78 84
- 7. Wine on Sale ~~2000~~ 7,018.00

**Total: \$ 10,846.00**

**Business Information**

**Business Address:** 656 Grand Avenue Saint Paul MN 55105  
Street City State Zip

**Company Name:** Catherine Hospitality LLC **Doing Business As:** Russell's Bar & Grill

**Company Type:** Corporation  Partnership  Sole Proprietorship

**Date of Incorporation:** 01/18/2024 **Date of Anticipated Opening:** 10/01/2024

**Mailing Address:** 262 W. 7th Street Saint Paul MN 55102  
Street City State Zip

**Business Phone #:** (714) 343-2274 **Email Address:** [REDACTED]

**Applicant Information**

**Applicant Name:** Todd Mark Russell  
First Middle Last

**Title:** President **Date of Birth:** [REDACTED]

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

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

**Cell Phone #:** [REDACTED] **Alternate Phone #:** [REDACTED]

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: Todd M Russell  
Home Address: [Redacted]  
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Officer Name: Todd M Russell  
Title: President Email: [Redacted]  
Home Address: [Redacted]  
Date of Birth: [Redacted] Phone #: [Redacted]

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. 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: [Redacted] Title: President Date: 4/15/2024