

20240000671



SAINT PAUL
SAFETY & INSPECTIONS

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

Received Class "N" License Application

APR 16 2024

City of Saint Paul - DSI

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 - 291 or more seats | 6,448. ⁰⁰ |
| 2. | Liquor On-Sale Sunday | 200. ⁰⁰ |
| 3. | Liquor Outdoor Service Area (Patio) | 85. ⁰⁰ |
| 4. | Liquor Catering Permit (application to follow after state approval) | 192. ⁰⁰ |
| 5. | Entertainment B | 672. ⁰⁰ |
| 6. | | |
| 7. | | |

Total: \$

Business Information

Business Address: 120 W Kellogg Blvd. St. Paul MN 55102
Street City State Zip

Company Name: Levy Premium Foodservice Limited Partnership Doing Business As: Levy at Science Museum of Minnesota

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 12/04/1997 Date of Anticipated Opening: 03/11/2024

Mailing Address: [REDACTED]
Street City State Zip

Business Phone #: (612) 562-1594 Email Address: [REDACTED]

Applicant Information

Applicant Name: Sherif Folarin Dosunmu
First Middle Last

Title: Secretary Date of Birth: [REDACTED]

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

Home Address: [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: Leah Anderson
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: Same as operator - Leah Anderson
Home Address: [Redacted]
Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: Robert Lawrence Ellis
Title: President Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Andrew Jay Lansing
Title: CEO Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Sherif Folarin Dosunmu
Title: Secretary Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted] Phone #: [Redacted]

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 Signature] Secretary of its General Partner 3/20/2024
Title Date