

20170004483



CITY OF SAINT PAUL  
Department of Safety and Inspections  
Ricardo X. Cervantes, Director  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

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NOV 16 2017

By: City of St Paul 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.

Types of License(s) being applied for:

Fee(s):

- a. Liquor On Sale 101-180 seats 5,310.00
- b. Liquor On Sale Sunday 200.00
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$5,510.00

#### Business Information

Business Address: 2700 University Ave. W Ste 100 St Paul MN 55114  
Street City State Zip

Company Name: HBLG HBCL LLC Doing Business As: Hodges Bend

Company Type: Corporation \_\_\_\_\_ Partnership LLC Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 5 / 31 / 2017 Anticipated Opening: 1 / 15 / 18

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: 9183988022 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Noah Mark Bush  
First Middle Last

Title: Manager Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes: \_\_\_\_\_ No:

If no, who will operate it?

Operator Name: James P Jennings  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

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: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

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

Officer Name: Noah Mark Bush  
First Middle Last

Title: Manager Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: John Anthony Gaberino  
First Middle Last

Title: Manager Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Warren E Ross  
First Middle Last

Title: Manager 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.

[Redacted Signature] Manager 11/10/17  
Applicant Signature Title Date

*E-11/17/17-Lab*