



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/dsj

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 < 100 SEATS 4795-
- b. LIQUOR ON-SALE SUNDAY 200-
- c. Liquor Outdoor Serv. Area (Patio) 76.00
- d. _____
- e. _____
- f. _____
- g. _____

\$5071.00

Total:

~~\$4795~~

Business Information

Business Address: 644 BAYFIELD ST ST. PAUL MN 55107
Street City State Zip

Company Name: ALLY HOSPITALITY LLC Doing Business As: HOLMAN'S TABLE

Company Type: Corporation _____ Partnership X Sole Proprietorship _____

Date of Incorporation: 9 / 9 / 2014 Anticipated Opening: 12 / 1 / 2017

Mailing Address: _____
Street City State Zip

Business Phone: 612-245-0632 Fax Number: _____

Applicant Information

Applicant Name: TROY MICHAEL REDING
First Middle Last

Title: OWNER

State _____ License # _____

Email: _____

Street _____ City _____

Cell Phone: 612-245-0632

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: _____
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: ELIZABETH BERGQUIST
First Middle Last

Street City State Zip

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

Officer Name: ~~BRAD~~ JOHN BRADLEY SORENSEN
First Middle Last

Title: TREASURER

Street City State Zip

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.

Applicant signature

Title

Date

OWNER

9/13/17