





NOV 0 8 2024

## Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

City of Saint Paul - DSI 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.

	s) being applied for:	·		Fee(s):	
1. Lil	y wor OF	Sole			500
2.	Bucca Sh	7P	The Market of the Control of the Con		235
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7					
				Total: 0	
Business Information	n				
Business Address:	710 Cleve land	avi s	Saint Paul	M 시 State	55116 Zip
Company Name:	BHANEY INC	~~~	Doing Business As:	Internations	il Spirits
Company Type:	Corporation 🛞	Partnersh	ip 🔘	Sole Proprietorshi	$\circ$
Date of Incorporation:	10-30-2024	Date of	Anticipated Opening:		
Mailing Address	Allega		City		
Business Phone #:	661-690-54		Email Addres	ss:	
Applicant Informa	ation		4		
Applicant Nam	ne: Nivos	i\o Middle	61	alley	
Title:	Also so a str	Middle	Date of Birth	Last	
Drivers Licenses					
Home Address:					
Cell Phone #:					

Are you going to operat If <u>no</u> , who will operate i		onally? Yes:	No:	0		
Operator Name:	First	Middle				
Home Address:		Wildole		Last		
Date of Right		Phone #:	-		State	Zip
Are you going to have a If manager is <u>not</u> the sa	_		Yes: ()			
Manager Name:		•	ollowing mit	ormation.		
	rst	Middle		Last		
Home Address:	treet		City		State	Zip
Date of Birth:	7/10/10/10/10/10/10/10/10/10/10/10/10/10/	44. 4				
Please list all other	officers of the co	rporation (Attach a	nother she	eet if applicable.)	)	
Officer Name:	Δ	M		6 halle		
	First	Middle				
	4 A					
Title:	puner	Ema	ail:			
Title: Home Address	pwner	Ema	ail:		Jane	411
Home Address			city	_	State	Ζip
Home Address		Ema Phone #:	city		Jiate	Σiμ
Home Address		Phone #:	city		Jute	zιμ
Home Address  Date of Birth:  Officer Name:		Phone #:	City	Last	Juite	Ζiμ
Home Address  Date of Birth:  Officer Name:  Title:	First	Phone #: Middle	ail:		Juic	ΖIÞ
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:	First	Phone #: Middle	ail:	Last	State	Zip
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:	First	Phone #: Middle	ail:	Last		
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:  Date of Birth:	First	Phone #: Middle	ail:	Last		
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:	First	Phone #: Middle	ail:	Last		
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:  Date of Birth:  Officer Name:  Title:	First	Phone #: Middle Ema	ail:	Last	State	
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:  Date of Birth:  Officer Name:  Title:	First	Phone #: Middle Ema	ail:	Last	State	Zip
Home Address  Date of Birth:  Officer Name:  Title:  Home Address:  Date of Birth:  Officer Name:  Title:  Home Address:	First  Street  Street	Phone #: Middle Ema	ail:	Last	State	

Title