

20180001270



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

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.	Entertainment B	\$601
c.	Liquor on sale Sunday	\$200
d.	Liquor 2 AM Closing	\$53
e.	Liquor outdoor service area (sidwalk)	\$35
f.	Gambling Location	\$75
g.	Cigarette/Tobacco	\$453

Total: \$ 6727 -

Business Information

Business Address: 1415 University Avenue Street Saint Paul City MN State 55104 Zip

Company Name: Black Hart of Saint Paul, LLC **Doing Business As:** The Black Hart of Saint Paul

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: / / **Anticipated Opening:** May / 1 / 2018

Mailing Address: Street City State Zip

Business Phone: 612.237.0345 **Fax Number:**

Applicant Information

Applicant Name: Wesley First Holmes Middle Burdine Last

Title: CEO **Date of Birth:**

Drivers License: State License # **Email:**

Home Address: Street City State Zip

Cell Phone: 612.237.0345 **Alternate Phone:**

Supplemental Required Information

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

If no, who will operate it?

Operator Name: Wesley Holmes Burdine
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: 612.237.0345

Are you going to have a manager or assistant in this business? Yes: _____ No: X

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: Christopher _____ Newman
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: _____

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 _____

CEO
Title

4-12-19
Date