



CITY OF SAINT PAUL
 Department of Safety and Inspections
 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.	<u>LIQUOR ON SALE - 100SEATS</u>	<u>1,795⁰⁰</u>
b.	<u>LIQUOR ON SALE - SUNDAY</u>	<u>200 -</u>
c.	<u>LIQUOR ON SALE - 2AM closing</u>	<u>53 -</u>
d.	<u>ENTERTAINMENT B</u>	<u>600 -</u>
e.	<u>Gambling Lic.</u>	
f.	<u>1st 1/2 of liquor ON SALE</u>	<u>3251.50</u>
g.		<u>5,649⁰⁰</u>
Total:		<u>\$ 8,000 -</u>

Business Information

Business Address: 1567 UNIVERSITY AVE W St. Paul MN 55104
Street City State Zip

Company Name: THE MEDWAY ENTERTAINMENT GROUP, LLC Doing Business As: THE MEDWAY SALOON

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 12 / 18 / 18 Anticipated Opening: 3 / 1 / 2019

Mailing Address: _____
Street

Business Phone: 612-759-4900 Fax Number: _____

Applicant Information

Applicant Name: David Max Tolchiver
First Middle Last

Title: owner Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: 612-759-4900 Alternate Phone: _____

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: X No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name: Robin Christine Bloom
First Middle Last

Home Address: _____
City State Zip

Date of Birth: _____ Phone: _____

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

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: _____

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

12/20/2018