

26246000932



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Received

MAY 17 2024

Payment must be received with each application. This application is subject to review by the public.

OK to enter per TF 5/17

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

City of Saint Paul - DSI

Fee(s):

- 1. LIQUOR ON-SALE 181-290 ^{SEATS} \$6,360.00
- 2. LIQUOR ON-SALE SUNDAY 200.00
- 3. LIQUOR OUTDOOR SERVICE AREA (PATIO) 85.00
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 0.00

\$6645.00

Business Information

Business Address: 214 FOURTH ST E, ST PAUL MN 55101
Street City State Zip

Company Name: 1881 BY LAKE ELMO INN, INC. Doing Business As: 1881 BY LAKE ELMO INN

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 5/15/24 Date of Anticipated Opening: 7/15/24

Mailing Address: [REDACTED]

Business Phone #: NOT YET AVAILABLE Email Address: [REDACTED]

Applicant Information

Applicant Name: JOHN FRANCIS SCHULTZ
First Middle

Title: CHRISTINE LOUISE OWNERS Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Supplemental Required Information

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

If no, who will operate it?

Operator Name: FRANCIS ERWIN HOPP
First Middle Last

Home Address: [REDACTED]

Date of Birth: _____

Are you going to have a manager?
If manager is not the same as you, who is the manager?

Manager Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: FRANCIS ERWIN HOPP
First Middle Last

Title: GENERAL MANAGER Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: _____

Officer Name: ANNA ELIZABETH SCHULTZ
First Middle Last

Title: MARKETING Email: ann

Home Address: [REDACTED]

Date of Birth: _____

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[REDACTED]

owner May 16 2024
Title Date