

180002381



**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](http://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 — 100 seats or less	<del>\$4,795.00</del> 2397.50
b.	On-Sale — Sunday Sales	\$200.00
c.	Entertainment B	\$601.00
d.		
e.		
f.		
g.		3198.50
<b>Total:</b>		<b>\$ 5,596</b>

#### Business Information

Business Address: 755 Prior Avenue North, Suite 102 St. Paul MN 55104  
Street City State Zip

Company Name: KAM Sharp Enterprises Inc. Doing Business As: FlannelJax's

Company Type: Corporation C Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: / / Anticipated Opening: April / 20 / 2018

Mailing Address: 9210 Wyoming Avenue North, Suite 275 Brooklyn Park MN 55445  
Street City State Zip

Business Phone: (612) 268-4800 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Keith Alexander Beveridge  
First Middle Last

Title: President Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(Continued on back)

**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:  Shawn Russell Hansen   
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:  George Stephen Schober   
First Middle Last

Title:  Chief Executive Officer  Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name:  Andrew Arminen   
First Middle Last

Title:  Vice President  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  President

Date  7/5/18