



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 5310.00
- b. Liquor On-sale Sunday 200.00
- c. Liquor Outdoor Service Area (Patio) 76.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ -

Business Information

Business Address: 788 Grand Avenue St Paul MN 55105
Street City State Zip

Company Name: Double Black Diamond, Inc Doing Business As: Real Rabbit

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 08/01/2012 Anticipated Opening: 07/05/2018

Mailing Address: 715 Florida Ave, Suite 101 Golden Valley, MN 55426
Street City State Zip

Business Phone: 952-237-5378 Alternate Fax Number: 651-336-2179

Applicant Information

Applicant Name: Luke Robert Shimp
First Middle Last

Title: President Date of Birth: _____

Drivers License: _____ Email: Luke@RealCowMN.com
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ 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: _____ No: _____

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:

Tracy Marie Bachul
First Middle Last

Title:

CEO
Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth:

_____/_____/_____
Phone: _____

Officer Name:

Michael John Giacomini
First Middle Last

Title:

Director of Finance
Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth:

_____/_____/_____
Phone: _____

Officer Name:

Peter Joel Giacomini
First Middle Last

Title:

Controller
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.

Director of Finance 01/14/18

Title

Date

App: _____