

20150004254



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. Malt On Sale (Brewery, Temporary) 605.00
- b. Malt Off Sale (Brewery) 174.00
- c. Liquor On Sale - Sunday 200.00
- d. Entertainment A 236.00
- e. _____
- f. _____
- g. _____

Total: \$1,215.00

Business Information

Business Address: 755 Prior Ave No, #110 St. Paul MN 55104-1038
Street City State Zip

Company Name: BlackStack Brewing Inc **Doing Business As:** NA

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 08 / 20 / 2014 **Anticipated Opening:** 03 / 01 / 2016

Street City State Zip

Business Phone: 612-369-2932 **Fax Number:** _____

Applicant Information

Applicant Name: Scott Allan Johnson
First Middle Last

Title: President

Email: scott@blackstackbrewing.com

State License #

Home Address: _____
Street City State Zip

Cell Phone: 612-369-2932 **Alternate Phone:** 612-369-2933

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: 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: Scott Allan Johnson

Title: President Email: scott@blaekstackbrewing.com

Street City State Zip

Phone: 612-369-2932

Officer Name: Shawne Murphy Johnson

Title: Vice President Email: smj@blaekstackbrewing.com

Street City State Zip

Phone: 612-369-2933

Officer Name: _____

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

President
Title

12/23/2015
Date