



**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.	<u>LIQUOR ON SALE - 100SEATS</u>	<u>1,795<sup>00</sup></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.		
<b>Total:</b>		<u><del>5,649<sup>00</sup></del></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: \_\_\_\_\_  
Street 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