20160002116

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 - 100 seats or less	4,701.00
b. Liquor Outdoor Service area (sidewalk)	34.00
c.	
d.	
e.	
f.	
g.	
Total:	$ 4,735.00

Business Information

Business Address: 1668 Selby Ave (Street) St Paul (City) MN (State) 55104 (Zip)

Company Name: Augustine's Inc **Doing Business As:** Augustine's

Company Type: Corporation _____ Partnership _____ Sole Proprietorship _____

Date of Incorporation: / / **Anticipated Opening:** / /

Mailing Address: 1668 Selby Ave (Street) St Paul (City) MN (State) 55104 (Zip)

Business Phone: 651-447-3729 **Fax Number:**

Applicant Information

Applicant Name: Anthony (First) Gerard (Middle) Andersen (Last)

Title: ~~[illegible]~~ President **Date of Birth:** / /

Drivers License: (State) **Email:** smalltowntony@gmail.com

Home Address: (City) (State) (Zip)

Cell Phone: **Alternate Phone:**

(Continued on back)

Supplemental Required Information

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

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: EMILY A Brink (First / Middle / Last)

Home Address: _____ (Street / City / Zip)

Date of Birth: _____ Phone: _____

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

Officer Name: Anthony A Andersen (First / Middle / Last)

Title: President Email: smalltowntony@gmail.com

Home Address: _____ (Street / City / Zip)

Date of Birth: _____ Phone: _____

Officer Name: Hollis A Roads (First / Middle / Last)

Title: Vice president Email: hollis.roads@gmail.com

Home Address: _____ (Street / City / Zip)

Date of Birth: _____ Phone: _____

Officer Name: Anne M Melco (First / Middle / Last)

Title: Secretary/treasurer Email: anne@thehappygnome.com

Home Address: _____ (Street / City / 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.

_____ President 6-23-16

Applicant Signature / Title / Date