

20240001327



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for: *"Restaurant" type*

Fee(s):

- | | | | |
|----|--|----------------|------------------------------|
| 1. | Liquor On-Sale 100 Seats or Less | <i>98 seat</i> | 4701 <i>5,361</i> |
| 2. | Liquor On-Sale Sunday | | 200 |
| 3. | Liquor Outdoor Service Area (Patio) | | 74 <i>85</i> |
| 4. | Category 3 Establishment | | 385 |
| 5. | Additional Food service - no. 1 | | 175 |
| 6. | Additional Food Service (Bar) - no. 1 | | 175 |
| 7. | Hospitality Fee | | 40 |

Total: **05,646**

Business Information

Business Address: 2186 Marshall Ave Saint Paul MN 55014
Street City State Zip
Company Name: Los Ocampo Mexican Restaurant 2 inc Doing Business As: Los Ocampo Mexican Restaurant

Company Type: ☒ Corporation ☐ Partnership ☐ Sole Proprietorship

Date of Incorporation: 5/24/2019 Date of Anticipated Opening: _____

Mailing Address: 1365 Arcade st Saint Paul MN 55106
Street City State Zip

Business Phone #: 6123849959 Email Address: emma@losocampo.com

Applicant Information

Applicant Name: Julian Amir Ocampo
First Middle Last

Title: Co-Owner/ Manager

Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED]
State License #

Email: [REDACTED]

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes:



No:



Operator Name:

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

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:

Emma

Marie

Ocampo

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

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

Officer Name:

Lilia

Zagal

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name:

Armando

Ocampo

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name:

Julian

Amir

Ocampo

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

See Back →

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

Title

Date

owner

8/1/2024

Officer Name: Emma Marie Ocampo

Title: Co-Owner/Manager email: [REDACTED]

Address: [REDACTED]

DOB: [REDACTED] Phone #: [REDACTED]