

CRED
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FEB 19 2016



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 LIQUOR LICENSE \$4,701.00
- b. _____
- c. (currently hold wine on sale (beer) MALT
- d. ON SALE STRONG, LIQUOR-OUTDOOR SERVICES
- e. AREA (sidewalks)
- f. _____
- g. _____

Total: \$ 4701

Business Information

Business Address: 1806 St. CLAIR Avenue S. St. PAUL MN 55105
Street City State Zip

Company Name: MOLTO, INC. Doing Business As: SEUSI

Company Type: Corporation S-CORP Partnership _____ Sole Proprietorship _____

Date of Incorporation: 05 / 12 / 2010 Anticipated Opening: 11 / 4 / 2010

Mailing Address: 771 CLEVELAND Ave S. St. PAUL MN 55116
Street City State Zip

Business Phone: 651-789-7007 Fax Number: 651-789-1006

Applicant Information

Applicant Name: Stephanie Margaret Shimp
First Middle Last

Title: OWNER Date of Birth: _____

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: ☒ 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: SPIN R GRASZ

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: DAVID MALCOLM BURLEY

First

Middle

Last

Title: OWNER- CEO Email: david@blueplateco.com

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/ VP Brand Marketing 2/9/16