



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 101-180 | \$,310.00 |
| b. | Liquor On Sale Sunday | 200.00 |
| c. | Liquor On Sale 2am Closing | 53.00 |
| d. | Liquor Outdoor Service Area (Patio) | 26.00 |
| e. | Entertainment B | 601.00 |
| f. | Gaming Location | 75.00 |
| g. | Alarm Permit | 3828.00 |

Total: **\$ 6343.00**
 10352.00

Business Information

Business Address: 825 W. Jefferson Ave. St. Paul Mn 55102
Street City State Zip

Company Name: St. Paul Grill, LLC Doing Business As: Tax on the Ave

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: / / Anticipated Opening: / /

Mailing Address: Hospitality Management
600 Inwood Ave. N. St. 230 Oakdale Mn 55128
Street City State Zip

Business Phone: 651-318-3100 Fax Number: NA

Applicant Information

Applicant Name: Michael Joseph Tupa
First Middle Last

Title: Chief Manager Date of Birth: / /

Drivers License: / / Email: / /
State License #

Home Address: / / / /
Street City State Zip

Cell Phone: / / Alternate Phone: NA

Supplemental Required Information

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

If no, who will operate it?

Operator Name: Colin Myers

Home Address: _____

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: TBD

Home Address: _____

Date of Birth: / / Phone: _____

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

Officer Name: Daniel Lee Gelb

Title: Member Email: _____

Home Address: _____

Date of Birth: _____ Phone: _____

Officer Name: _____

Title: _____ Email: _____

Home Address: _____

Date of Birth: / / Phone: _____

Officer Name: _____

Title: _____ Email: _____

Home Address: _____

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: Chief Manager Date: 12-31-17