

FEB 26 2021



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

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 \$5,882
- b. Liquor On-Sale Sunday \$200
- c. Liquor Outdoor Service Patio \$78
- d. Brewpub Off-Sale (Growler) \$187
- e. Entertainment B \$613
- f. _____ _____
- g. _____ _____

Total: \$ 6,960 -

Business Information

Business Address: 754 Randolph Ave Saint Paul 55102
Street City State Zip

Company Name: Randolph Craft LLC **Doing Business As:** A-Side Public House
MN

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: / / **Anticipated Opening:** 05 / 01 / 2021

Mailing Address: 754 Randolph Ave St. Paul MN 55102
Street City State Zip

Business Phone: 763-350-4257 **Fax Number:** _____

Applicant Information

Applicant Name: Travis Matthew Temke
First Middle Last

Title: President **Date of Birth:** _____

Drivers License: _____ **Email:** _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ **Alternate Phone:** _____

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: _____
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.

Signature Title Date

President 02/23/2021

Title Date