



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/dsj

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 _____
- b. Liquor On Sale - Sunday _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ -

Business Information

Business Address: 786 Randolph Ave St. Paul MN 55102
Street City State Zip

Company Name: Muccis Italian Doing Business As: Muccis Italian

Company Type: ~~Corporation~~ LLC Partnership _____ Sole Proprietorship _____

Date of Incorporation: 02 11 2010 Anticipated Opening: 1 1

Mailing Address: 786 Randolph Ave Minneapolis MN 55102
Street City State Zip

Business Phone: 651.330.2245 Fax Number: _____

Applicant Information

Applicant Name: Tim N. Jev
First Middle Last

Title: owner 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: X No: _____

If no, who will operate it?

Operator Name: Heather Ann Mady
First Middle Last

Home Address: _____
City State Zip

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: _____
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.

Applicant Signature

1119

Date