

20180001270



**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](http://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.	<u>Liquor On-Sale – 101-180 seats</u>	<u>\$5,310.00</u>
b.	<u>Entertainment B</u>	<u>\$601</u>
c.	<u>Liquor on sale Sunday</u>	<u>\$200</u>
d.	<u>Liquor 2 AM Closing</u>	<u>\$53</u>
e.	<u>Liquor outdoor service area (sidwalk)</u>	<u>\$35</u>
f.	<u>Gambling Location</u>	<u>\$75</u>
g.	<u>Cigarette/Tobacco</u>	<u>\$453</u>

**Total:** \$ 6727 -

#### Business Information

**Business Address:** 1415 University Avenue Saint Paul MN 55104  
Street City State Zip

**Company Name:** Black Hart of Saint Paul, LLC **Doing Business As:** The Black Hart of Saint Paul

**Company Type:**  Corporation  LLC  Partnership  Sole Proprietorship

**Date of Incorporation:**  / / **Anticipated Opening:** May / 1 / 2018

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Business Phone:** 612.237.0345 **Fax Number:** \_\_\_\_\_

#### Applicant Information

**Applicant Name:** Wesley Holmes Burdine  
First Middle Last

**Title:** CEO **Date of Birth:** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
State License #

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Cell Phone:** 612.237.0345 **Alternate Phone:** \_\_\_\_\_

**Supplemental Required Information**

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

If no, who will operate it?

Operator Name:  Wesley Holmes Burdine   
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #:  612.237.0345

Are you going to have a manager or assistant in this business? Yes:   No:  X

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:  Christopher Newman   
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 \_\_\_\_\_

CEO   
Title

4-12-19   
Date