

2019 0002510



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](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. liquor on sale 100 seats or less. / 4795<sup>00</sup>
- b. liquor outdoor service patio / 76<sup>00</sup>
- c. liquor outdoor sidewalk / 35<sup>00</sup>
- d. high-sunday / 200<sup>00</sup>
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 4906 -

Business Information

Business Address: 1 Beech street Saint Paul MN 55102  
Street City State Zip

Company Name: Bing Concepts LLC Doing Business As: Hope Breakfast Bar

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 7/15/2019 Anticipated Opening: 8/20/2019

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: Robert Brian Johnson  
First Middle Last

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

Drivers License: \_\_\_\_\_  
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: SARAH \_\_\_\_\_ JUGLIAM \_\_\_\_\_  
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: Robert \_\_\_\_\_ Brian \_\_\_\_\_ JUGLIAM \_\_\_\_\_  
First Middle Last  
Title: CEO \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: JEFF \_\_\_\_\_ Baumann \_\_\_\_\_  
First Middle Last  
Title: President \_\_\_\_\_ 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: CEO Date: 7/5/2019