



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/dsl

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. Outdoor Service Area - Patio 78⁰⁰
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 78⁰⁰

Business Information

Business Address: 859 Randolph Ave St. Paul MN 55102
Street City State Zip

Company Name: 859 Randolph Avenue Corp Doing Business As: The Spot Bar

Company Type: Corporation S Partnership _____ Sole Proprietorship _____

Date of Incorporation: 12 / 31 / 1982 Anticipated Opening: 1 / 1

Mailing Address: 859 Randolph Ave ST PAUL MN 55102
Street City State Zip

Business Phone: 651 224 7433 Fax Number: _____

Applicant Information

Applicant Name: Meridith Margaret O'Toole
First Middle Last

Title: Blower Date of Birth: 1 / 1

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: Emilie Elizabeth O Toove
First Middle Last

Title: OWNER 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.

APPROVED SIGNATURE

OWNER
Title

3-11-22
Date