

Received

CRCD
JAN 25 2023



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

City of Saint Paul - 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. Sports Club Billiard Hall
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$

Business Information

Business Address: 755 Prior Ave N St Paul (pending) MN 55104
Street City State Zip

Company Name: State Billiard Club LLC Doing Business As: _____

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 1 / 1 Anticipated Opening: 4 / 1 / 23

Mailing Address: _____
Street City State Zip

Business Phone: 763-273-3732 Fax Number: _____

Applicant Information

Applicant Name: Joshua Phillip Buebel
First Middle Last

Title: Managing partner 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: Dimitrios John Jelatis
First Middle Last
Title: Partner-owner Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone: _____

Officer Name: Christopher James Sprell
First Middle Last
Title: Partner-owner Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone: _____

Officer Name: David Patrick OKEEFE
First Middle Last
Title: Partner-owner Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone: _____

FALSEIFICATION 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: Managing Partner Date: 1.5.23