

Received



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)

NOV 14 2022

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. Liquor Outdoor Service Area (Patio) \$79.00
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 79 .00

Business Information

Business Address: 1834 St. Clair Ave St. Paul MN 55105  
Street City State Zip

Company Name: Clairview Holdings, LLC Doing Business As: Graveland Tap

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

Date of Incorporation: 1 / 98 Anticipated Opening: 11 / 21 / 22

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

Business Phone: 612-249-5228 Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: David Malcom Burley  
First Middle Last

Title: owner Date of Birth:     /     /    

Drivers License: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street

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: David Malcom Burley  
First Middle Last

Home Address: \_\_\_\_\_  
Street City

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: Craig Hassell  
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: David Malcom Burley  
First Middle Last

Title: owner Email: \_\_\_\_\_

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

Date of Birth:   /  /   Phone: \_\_\_\_\_

Officer Name: Stephanie Margaret Shimp  
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: \_\_\_\_\_

**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: \_\_\_\_\_

Title: owner

Date: 11/2/22