<u>20130000060</u>



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

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. Liquon ON SALE 100 SENTS ON LOSS	4,891-
b. How On Sais Susay	200-
a CANBUNE LOCATION	77-
d. Aisne Pondis	39 -
е,	
f	
g,	
	Total: \$5,027 -
Business Information	
Business Address: 1201 SACUSCA St. SL. St. St. St. Street	US 55117 State Zip
	FOUNDAY PUB
Company Type: Corporation Partnership Sole i	Proprietorship
Date of Incorporation: 3 / 24 / 2 Anticipated Opening: 10	11 /22
Mailing Address: 1201 Jacusco St. St. Page W	LJ SS117 State Zip
Business Phone: 651-469-631C Fax Number:	· ·
Applicant Information	
Applicant Name: Hist Parace LNAL First Middle Last	ie ·
Title: Date of Birth:	1 - 1 -
Drivers License: State License #	
Home Address: Street City	State Zip
Cell Phone: Alternate Phone:	State Zip

Supplemental Required	Informa	tion								
Are you going to operate this business personally? Yes: No:										
If <u>no</u> , who will operate it?										
Operator Name:	*									
Home Address:	First			Middle		Last				
nome Address:	Street				City	·	State	Zip		
Date of Birth:		/			Phone #:					
Are you going to have a m	nanager or	assistant i	n this business?		Yes: _	No:				
If manager is <u>not</u> the same as the operator, please complete the following information:										
Manager Name:	**************************************									
Home Address:	First			Middle		Last				
Home Address,	Street				City		State	Zip		
Date of Birth:		/	/		Phone:					
Please list all other of Officer Name:			oration (Attac		applicable					
Title:						Last				
	***************************************			Lilidiii						
Home Address:	Street									
Date of Birth:		/	/		City Phone:		State	Zip		
Officer Name:										
	First			Middle		Last		-		
Title:	Management	·····		Email:						
Home Address:										
	Street				City		State	Zíp		
Date of Birth:		/			Phone:					
Officer Name:				**************************************		35000000 500d s				
Officer rearries	First			Middle		Last				
Title:				Email:						
Home Address:			•							
7,0,1,0,7,10,0,0	Street		**************************************		City		State	Zip		
Date of Birth:		/			Phone:			The same of the sa		
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.										
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Uhhirani aiBuarara				nue			Date			