



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.
Print out and sign this form once complete.

Types of License(s) being applied for:

Fee(s):

1.	LIQOUR ON SALE - 291 OR MORE SEATS	\$ 5,767.00
2.	LIQOUR SALE ON SUNDAY, LIQOUR OUTDOOR SERVICE (PATI	\$ 310.00
3.	MALT ON SALE (STRONG), MALT ON SALE (3-2)	\$1,271.00
4.	WINE ON SALE	\$1,976.00
5.	ENTERTAINMENT A, ENTERTAINMENT B, ENTERTAINMENT C	\$3,703.00
6.	GAMBLING	\$ 75.00
7.	CIGARETTE/TOBACCO	\$ 453.00

Total: \$ 13,555.00

Business Information

Business Address: 857 GRAND AVE SAINT PAUL MN 55104
Street City State Zip

Company Name: DWD GROUP LLC Doing Business As: BILLYS ON GRAND
Byrd's Kitchen + Bar
 Sole Proprietorship

Company Type: Corporation Partnership

Date of Incorporation: _____ Date of Anticipated Opening: _____

Mailing Address: _____
Street City State Zip

Business Phone #: (651) 292-9140 Email Address: _____

Applicant Information

Applicant Name: WESLEY EDWARD SPEARMAN
First Middle Last

Title: OWNER 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: WESLEY EDWARD SPEARMAN
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

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: ALICIA BURTON
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: DELSHANE ANTONIO FOSTER
First Middle Last

Title: OWNER Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Officer Name: DARCY S GOLISH
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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

OWNER
Title

02/16/2023
Date