



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received

20240000156
Class "N" License Application

JAN 25 2024

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.

Types of License(s) being applied for:

Fee(s):

1. Liquor On-Sale - 100 Seats or less \$5,361
2. Liquor On-Sale - Sunday \$ 0.00
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00
\$5,361

Business Information

Business Address: 1552 Como Ave St. Paul MN 55108
Street City State Zip

Company Name: El Aguila Restaurant LLC Doing Business As: El Aguila Restaurante Latin Food

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 03/25/2023 Date of Anticipated Opening: currently open

Mailing Address: 1552 Como Ave St. Paul MN 55108
Street City State Zip

Business Phone #: 651-219-4746 Email Address: restaurantelaguila.mn@gmail.com

Applicant Information

Applicant Name: Harlan L Mata Mejia
First Middle Last

Title: Oper. Manager Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED]
State License # Email

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

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 #: _____ 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: _____
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: Karla L Mata Mejia
First Middle Last
Title: Oper. manager 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. 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.

[Signature] _____ 01-26-24
Applicant Signature Title Date