

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST, PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Pax: 651-266-9124 Visit our Website at: 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: (Office Use Only)	Fees
Total	
Anticipated Date of Opening: 11 / 30 / 15 Company Name: MMCLES TALIAN)
Business Name (DBA): MM CLI'S Business Phone: (a) 72	
Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation:	
Business Address (business location): 186 KANDOLPA KUR ST PAUL	MN 55102
Street (#, Name, Type, Direction) City	State Zip + 4
Mail To Address (if different than business address):	
Street (#, Name, Type, Direction) City	State Lip + 4
Uhrich Uhrich	
Applicant Name and Title: State Middle (Maldon) Loot	Title
Home Address Street (#, reame, 1750, 2010010) City State	e Zip+4
Finally Chiris @	domeats, Lov
Phone: Atternative Prone: Eman:	
Date of Birth. Place of Birth:	
Driver License: State of Issue:	
Have you ever been <u>convicted</u> of any felony, crime or violation of any city ordinance other than traffic? YE	es no_ <u>X</u> _
	· · · · · · · · · · · · · · · · · · ·
Date of Arrest: Where?	
Charge:	
Conviction: Sentence:	
Conviction:	
List licenses which you currently hold, formerly held, or may have an interest in:	
	I P notion!
Have any of the above named licenses ever been revoked?YESNO If yes, list the dates and	n reasons for revocation:
Are you going to operate this business personally?NO If not, who will operate it?	
	And the August and Aug
First Name Middle Initial (Maiden) Last	Date of Birth
)
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 P	hone Number

Are you going to have	MATION (Continued): e a manager or assistant in this bu plete the following information:	siness?YE	sNO	If the manag	ger is not the same as the
First Name	Middle Initial	(Maiden)		Last	Date of Birth
Y7 1 3 3 Church	et (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
Licensee Work History Strip Clus Heidigs	ry(list name, address and phone mu b Meat and Fish	nber of all employer , 378 Ma S Lyndale	s for the previo	ous 5 year perlo St, Pern Uinneages	((021) (13.16
1	of the corporation (use additional Title Home Address PRASTORN)): ne Phone	Business Pho	ne Date of Birth
If business is a partn	ership, please include the followin	g information for e	ach partner (ı	ise additional	pages if necessary):
First Name	Middle Initial	(Maiden)		Last	Date of Birth
Home Address: Stre	eet (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
First Name	Middle Initial	(Maiden)		Last	Date of Birth
					()
	eet (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
I hereby state that I h my knowledge and be		ERIAL SUBMITTI lestions and that the	ED WILL RES	SULT IN DEN ntained herein	IAL OF APPLICATION is true and correct to the best of
I hereby consent to a information I have put to provide these reconstained in the crim	CKGROUND CHECK nd authorize the Saint Paul Police D roylded to check criminal histories, a rds to DSI and its City Attorney to c inal background investigation is not ent expires one year from the date be (Required)	errest and driving receiving receiving the letermine my eligibited by the letermine my eligib	lity for a Class t may be conve	ant information N License. I u	nderstand that the information
All Class N applica	tions must be submitted with the facopy of your executed (signed) ren from the landlord to allow this type	tal lease and/or assig	rnment and. 11 1	ntended use no es. Otherwise,	ot specified in lease, a letter of provide a copy of your

2. If incorporated or a partnership, provide proof of current filing status with the Office of the Minnesota Secretary of State and

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Purchase Agreement and/or Bill of Sale for the property.

documentation outlining ownership distribution and/or allocation of corporate shares.

Revised 10/16/2013

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Types of License(s) being applied for: (Office Use Only) Fees	
Wine 1881. 1/2 940 5	ひ
Strong Bus. 1005 405	
	- A
Total 15 4 5.8	ں
Anticipated Date of Opening: 12 / 1 / 15 Company Name: MUCCES TEALTAN LLC	- .
Business Name (DBA):	
Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation://////// _	<u>15</u>
Business Address (business location): 786 RAWOOLPH AVE St PAUL MN 5510 Street (#, Name, Type, Direction) City State Zip +	02
Mail To Address (if different than business address): Street (#, Name, Type, Direction) City State Zip +	+4
Applicant Name and Title: TIMOTHY & NIVER PRESIDENT	
Applicant Name and Title: TIMOTHY & NIVER PRESTORY First Middle (Maiden) Last Title,	
Home Address: Street (# Name, Type, Direction) City State Zip + 4	
PhoneAlternative Phone:Email:	
Date of Birth: Place of Birth	
G. (- GT ALA)	
Driver License:	
Have you ever been <u>convicted</u> of any felony, crime or violation of any city ordinance other than traffic? YES NO /	
Date of Arrest: Where?	
Charge:	
Conviction: Sentence:	
List licenses which you currently hold, formerly held, or may have an interest in: STRIP (LUB WEAT FIRM FIRM L	بل
STOLIC	
Have any of the above named licenses ever been revoked?YESX_NO If yes, list the dates and reasons for revoca	tion:
	_
Are you going to operate this business personally?YESNO If not, who will operate it?	
First Name Middle Initial (Maiden) Last Date of Birth	
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number	

Are you going to have	MATION (Continued): a manager or assistant in this b lete the following information:	usiness?YF	SNO If	the manager is	not the same as the
First Name	Middle Initial	(Maiden)	La	st	Date of Birth
				()
	t (#, Name, Type, Direction)	City			hone Number
	y(list name, address and phone n and fassif 3765 M				· 793-6247
	of the corporation (use addition Title Home Addro): ne Phone 、 Bu	siness Phone	Date of Birth
CHRESTOPHWR	unteff				
If business is a partne	rship, please include the followi	ng information for e	ach partner (use a	additional pages	if necessary):
First Name	Middle Initial	(Maiden)	La	st	Date of Birth
Home Address: Stree	t (#, Name, Type, Direction)	City	State 2	Zip + 4 P	hone Number
First Name	Middle Initial	(Maiden)	La	st	Date of Birth
Hame Address: Stree	t (#, Name, Type, Direction)	City	State	(Zip + 4 P) hone Number
FALSIFICATION O	F ANSWERS GIVEN OR MAT re answered all of the preceding q	ERIAL SUBMITTE	D WILL RESUL	T IN DENIAL (OF APPLICATION
information I have prov to provide these record contained in the crimin	authorize the Saint Paul Police I wided to check criminal histories, s to DSI and its City Attorney to all background investigation is not expires one year from the date be	arrest and driving rec letermine my eligibil t public, except that it blow.	ords, and warrant i ty for a Class N Li may be conveyed	nformation; and cense. I understa	for the Police Department and that the information
Applicant Signature (R	equired) Ti	PRESTORNIT		_ · <u>////</u> Date	1/15
All Class N applicatio	ns must be submitted with the fopy of your executed (signed) ren	following documents tal lease and/or assign	: nment and, if intend	ded use not speci	fied in lease, a letter of

1. Provide a copy of your executed (signed) rental lease and/or assignment and, if intended use not specified in lease, a letter of permission from the landlord to allow this type of business operation on the premises. Otherwise, provide a copy of your Purchase Agreement and/or Bill of Sale for the property.

2. If incorporated or a partnership, provide proof of current filing status with the Office of the Minnesota Secretary of State and documentation outlining ownership distribution and/or allocation of corporate shares.

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