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**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
Ricardo X. Cervantes, Director  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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. LIQUOR - ON SALE LIQUOR LICENSE \$4,701.00
- b. \_\_\_\_\_
- c. (currently hold wine on sale (beer) MALT
- d. ON SALE STRONG, LIQUOR-OUTDOOR SERVICES
- e. AREA (sidewalks)
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 4701

#### Business Information

Business Address: 1806 St. CLAIR Avenue S. St. PAUL MN 55105  
Street City State Zip

Company Name: MOLTO, INC. Doing Business As: SEUSI

Company Type: Corporation S-CORP Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 05 / 12 / 2010 Anticipated Opening: 11 / 4 / 2010

Mailing Address: 771 CLEVELAND Ave S. St. PAUL MN 55116  
Street City State Zip

Business Phone: 651-789-7007 Fax Number: 651-789-1006

#### Applicant Information

Applicant Name: Stephanie Margaret Shimp  
First Middle Last

Title: OWNER Date of Birth: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(Continued on back)

**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 #:

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:

SPIN R GRASZ

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 MALCOLM BURLEY

First

Middle

Last

Title:

OWNER-CEO

Email:

david@blueplateco.com

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.

Applicant Signature

owner/VP Brand Marketing 2/9/16

Title

Date