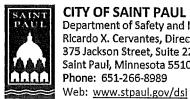
FEB 1 # 2016



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

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. <u>hlqvo</u>	R - ON SALE LIQUOR LICENSE	#4,701.00
b		
c. <u>(CUVV</u>	ently hold wine on sale (beet) MAL	<u> </u>
d. <u>DMS</u> 7	ALE Strong, Liquor-outdoor-stille	6
e. Alt	A (Sidewalks)	
f		
g		
		Total: \$ 470 -
Business Information		
Business Address: Sti	1806 St. CLAIR Avenue S. St. PAUL	MN 55105 State Zip
Company Name:	MoLto, INC. Doing Business As:	SCUSL
Company Type:	Corporation 5-LORP Partnership So	le Proprietorship
	95 / 12 / 2010 Anticipated Opening: /	
Mailing Address:	771 CLEVELAND AND S. SI. PAUL	MN 55/16
		51-789-1006
Applicant Information	\sim 1 \sim 1 \sim 1	
Applicant Name: Fin	Stephanie Margaret Shi,	mp
Title:	Date of Birth:	
Drivers License:	State licenses	lueplate co. com
Home Address:	reet)
Cell Phone:	Alternate Phone:	

Supplemental Required Information									
Are you going to operate this business personally? Yes: No:									
If <u>no</u> , who will operate it?									
Operator Name:	wi L		Friddle		tark				
Home Address:	First		Middle		Last				
Home man co.	Street			City		State	Zip		
Date of Birth:	/			Phone #:					
Are you going to have a manager or assistant in this business? Yes: 1									
If manager is <u>not</u> the same		ase complete the fol	_	ion:	120-				
Manager Name:	\underline{S} e Ω $.\Omega$		K_		19KHSZ	<u> </u>			
Home Address:	riist ,						***		
	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 BURKY First Middle Last 1 - Clast 1 -									
Title:	PINIA HOR-	CEO	Middle Email:	dav	id D blue	nlateco	·com		
	,Opera =		Name of Street, Street						
Home Address:				City		State	_		
Date of Birth:		/		Phone:		Just	۲.۲		
			<u></u>			,			
Officer Name:				/					
Officer Marines	First		Middle		Last				
Title:			Emall:	- · · · · · · · · · · · · · · · · · · ·					
Manua Addynası									
Home Address:	Street			City		State	Zip		
Date of Birth:	_/	/		Phone:					
Officer Name:									
5 1,11 5 2, 11 5	First		Middle	7	Last				
Title:			_ Email:						
Home Address:									
110111011111111	Street			City		State	Zip		
Date of Birth:	/	1/		Phone:					
FALSIFICATION OF ANS	WERS GIVEN OR MA	ATERIAL SUBMITTE	D WILL RESULT	'IN DENIA!	L 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.									
owner VPBrand Marketing 2/9/16									
Applicant Signature	·		Title		TIG TOM JULIO	Date			