

CRED

JUL 20 2017



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

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. CLASS A Entertainment licence 248
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total:

\$ 248 -

Business Information

Business Address:

414 7th St W

Street

ST. PAUL

City

MN

State

55102

Zip

Company Name:

Bad Weather Brewing

Doing Business As: _____

Company Type:

Corporation

X

Partnership _____

Sole Proprietorship _____

Date of Incorporation:

/ /

Anticipated Opening:

/ /

Mailing Address:

Same as Above

Street

City

State

Zip

Business Phone:

651-207-6627

Fax Number: _____

Applicant Information

Applicant Name:

Joseph

First

Stefano

Middle

Giambruno

Last

Title: _____

Date of Birth: _____

Drivers License:

State

License # _____

E-mail:

Info@badweatherbrewery.com

Home Address:

Street

City

State

Zip

Cell Phone:

612 805 2003

Alternate Phone: _____

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:

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:

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:

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

Title

Date

Owner

7/19/17