

20180001270



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.	<u>Liquor On-Sale – 101-180 seats</u>	<u>\$5,310.00</u>
b.	<u>Entertainment B</u>	<u>\$601</u>
c.	<u>Liquor on sale Sunday</u>	<u>\$200</u>
d.	<u>Liquor 2 AM Closing</u>	<u>\$53</u>
e.	<u>Liquor outdoor service area (sidwalk)</u>	<u>\$35</u>
f.	<u>Gambling Location</u>	<u>\$75</u>
g.	<u>Cigarette/Tobacco</u>	<u>\$453</u>

Total: \$ 6727 -

Business Information

Business Address: 1415 University Avenue Saint Paul MN 55104
Street City State Zip

Company Name: Black Hart of Saint Paul, LLC **Doing Business As:** The Black Hart of Saint Paul

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: / / **Anticipated Opening:** May / 1 / 2018

Mailing Address: _____
Street City State Zip

Business Phone: 612.237.0345 **Fax Number:** _____

Applicant Information

Applicant Name: Wesley Holmes Burdine
First Middle Last

Title: CEO **Date of Birth:** _____

Drivers License: _____ **Email:** _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: 612.237.0345 **Alternate Phone:** _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: Wesley Holmes Burdine
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: 612.237.0345

Are you going to have a manager or assistant in this business? Yes: _____ No: X

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: Christopher Newman
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: CEO Date: 4-12-19