

180002381



CITY OF SAINT PAUL
Department of Safety and Inspections
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. Liquor On-Sale - 100 seats or less \$4,795.00
b. On-Sale - Sunday Sales \$200.00
c. Entertainment B \$601.00
g. 3198.50

Total: \$ 5,596

Business Information

Business Address: 755 Prior Avenue North, Suite 102 St. Paul MN 55104
Company Name: KAM Sharp Enterprises Inc. Doing Business As: FlannelJax's
Company Type: Corporation C Partnership Sole Proprietorship
Date of Incorporation: / / Anticipated Opening: April / 20 / 2018
Mailing Address: 9210 Wyoming Avenue North, Suite 275 Brooklyn Park MN 55445
Business Phone: (612) 268-4800 Fax Number:

Applicant Information

Applicant Name: Keith Alexander Beveridge
Title: President Date of Birth:
Drivers License: State License # Email:
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:  X  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:  X  No:

If manager is not the same as the operator, please complete the following information:

Manager Name:  Shawn Russell Hansen   
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:  George Stephen Schober   
First Middle Last

Title:  Chief Executive Officer  Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name:  Andrew Arminen   
First Middle Last

Title:  Vice President  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  President

Date  7/5/18