2019,0000396



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.

				The state of the s
Types of License(s) bei	ng applied for:		Fee(s):	df = df $df = df + df$
a. Liquor	On Sale - 100 Seats or less			4,795.00
p	On Sale - Sunday		. ,	200.00
_{c.} Liquor	Outdoor Service Area (Patio)	, , ,	V 40	76.00
d.	· · · · · · · · · · · · · · · · · · ·			order of
е.		And the Space Hall	g program of the	11 / 18 11 18 11 18 11 11 11 11 11 11 11 11
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	the state of the s			And the latest state of the latest states and the latest states are the latest states and the latest states are the latest states and the latest states are the latest states ar
$\frac{u}{\lambda} = \frac{1}{\lambda} \cdot \frac{1}$		in the second	Total:	\$ 5071.00
Business Information Business Address: Company Names	475 Fairview Ave S, St Paul, A Street Due Focacceria, LLC	City	st iess As: Due	ate Zip
Company Type:	Corporation LLC	Partnership	Sole Proprieto	1 4 44 5
Date of Incorporation:	/1-18-19/	Anticipated C)pening:/ 3-1	1-19/
Mailing Address:	Street	City	St	ate Zip
Business Phone:		Faxî	lumber:	
Applicant Information	e de la companya de l		1	4
Applicant Name:	Eric Joseph Carrara	Middle	Last	e jestina i
Title:	President	A to A control of a control of a control of the con	of Birth:	The second second
Drivers License:	State License #	Email:		, }
Home Address:	Street	City	· \$1	ate Zip
Cell Phone:	The second secon	Alternate	Phone: NA	

Supplemental Require	d information		11115 1114	
Are you going to operate	this business personally?	Yes: X No:	1.	
If <u>no</u> , who will operate it	Section 2, Section 1997			
Operator Name:	-			in a filter filt
Home Address:		, Middle .	Last	
Date of Birth:	Street / /	City Phone #:	State	Zip .
Are you going to have a r	nanager or assistant in this business	s? Yes:	No: X	A D G G F
If manager is <u>not</u> the sam	e as the operator, please complete	the following information:		•
Manager Name:		- · · ·		
Home Address:	Elrst	- Middle	Last	
Date of Birth:	Street	City Phone:	State	Zip
Officer Name:	ficers of the corporation (Atta Eric Joseph Carrara First President	ch another sheet if applicable.) Middle	Last	
,		Emall:		
Home Address:	Street	City		
Date of Birth:	and the second s		State	Zip
Officer Name:				Market Control
1	First	Middle	Laster a	
Title:		Email:		
Home Address:	Street	Y		7 7 7
Date of Birth:	y leat	City Phone:	State way	∵ Zip₁₁
Officer Name:				Markeys Zong Co
,	First	Middle	Last	1 57 1
Title:	· · · · · · · · · · · · · · · · · · ·	Email:		
Home Address:	Street	A CONTRACTOR OF THE CONTRACTOR	en la companya de la La companya de la co	
Date of Birth:		City Phone:	State	Zip Pragadini jering
ALSIFICATION OF ANSW	ERS GIVEN OR MATERIAL SUBMI	TTED WILL RESULT IN DENIAL OF	APPLICATION	
		is and that the information contained		
nd belief.	or the proceeding question	s and that the information contained	herein is true and correct to the be	est of my knowledge
A CONTRACT OF STREET		· ••	•	•
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		Dog 11	1-18-19	

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