

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.

Types of License(s) being applied for:

Fee(s):

- a. Liquor On Sale - 100 Seats or less 4,795.00
- b. Liquor On Sale - Sunday 200.00
- c. Liquor Outdoor Service Area (Patio) 76.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 5071.00

Business Information

Business Address: 475 Fairview Ave S, St Paul, MN 55116 55106

Street City State Zip

Company Name: Due Focacceria, LLC Doing Business As: Due

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: /1-18-19/ Anticipated Opening: /3-11-19/

Mailing Address: _____

Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Eric Joseph Carrara

First Middle Last

Title: President Date of Birth: _____

Drivers License: _____ Email: _____

State License #

Home Address: _____

Street City State Zip

Cell Phone: _____ Alternate Phone: NA

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: _____ 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: Eric Joseph Carrara
First Middle Last

Title: 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: _____

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.

President

1-18-19

Applicant Signature _____

Title _____

Date _____