

2019 0002510



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. / 4795⁰⁰
- b. liquor outdoor service patio / 76⁰⁰
- c. liquor outdoor sidewalk / 35⁰⁰
- d. high-sunday / 200⁰⁰
- e. _____
- f. _____
- g. _____

Total: \$ 4906 -

Business Information

Business Address: 1 Beech street Saint Paul MN 55102
Street City State Zip

Company Name: Bing Concepts LLC Doing Business As: Hope Breakfast Bar

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 7/15/2019 Anticipated Opening: 8/20/2019

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Robert Brian Johnson
First Middle Last

Title: CEO Date of Birth: _____

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ 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
SARAH *JUGIARY*

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
Robert *Brian* *JUGIARY*

Title:

CEO Email: _____

Home Address:

Street City State Zip

Date of Birth: / /

Phone: _____

Officer Name:

First Middle Last
JEFF *Baumann*

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: _____

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

7/5/2019