

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/dsl

## 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) be	Fee(s):				
<sub>a.</sub> Class	A - Entertainment License				\$ 253.00
a,		· · · · · · · · · · · · · · · · · · ·	****		Ψ 200.00
b					
С					
d					
е,		·			
f.					
g,					
				. 1	
				Total:	\$ 253.00 -
Business Information			-		
Business Address:	73 Thomas Ave		St. Paul,	MM	
	Favors Enterprises, LLC		City	State 	
Company Name:	Tavoro Enterprisco, EEO		Doing Business As:	Villatu s Liqu	IOIS
Company Type:	Corporation LLC	Partnership		Sole Proprietors	hip
		÷			
Date of Incorporation:	01 / 03 /2019		Anticipated Opening:	0/ / 10	/ 2019
Malling Address:					
	Street		City	State	Zlp
Business Phone:	612-840-4821		Fax Number:		
Applicant Information	, I	•			
Applicant Name:	Arlene	Chontel	. [	-avors	
	First	Middle		Last	
Title:	Owner		Date of Birth:		/
Drivers License:	-	Fuantle			
Drivers License:	State License #	Email:			
Home Address:					,
,	Street		City	State	Zip
Cell Phone:			Alternate Phone:		

are you going to operate	this business perso	nally?	Yes: X	No:			
f <u>no</u> , who will operate it?							
Operator Name:	N/A						
Home Address:	First		Middle		Last		
TIDITIC FIXER COST	Street			City		State	Zip
Date of Birth:	/		_	Phone #:			
Are you going to have a m	anager or assistan	t in this business	?	Yes:	No:	X	
f manager is <u>not</u> the sam	e as the operator, p	please complete	the following informa	tion:		4	
Manager Name:	N/A						
Home Address:	First		Middle		Last		
nome Address:	Street		•	City		State	Zip
Date of Birth:	/		-	Phone:			
			NAME OF THE OWN OWN OF THE OWN				
Please list all other of	ficers of the cor	poration (Atta	ich another sheet i	f applicable.)			
				: (- (- r. z. z. z. z. )			
Officer Name:	Curtis		Jerrold Middle		Favors		
Title:	0.400.00				Last		
1(00)			Linan.				
Home Address:	-						
Date of Birth:	Street /	/		City Phone:	•	State	Zip
Date of biltin			<b>-</b>	Priorie;			
Officer Name:	First	.,	Middle		Last		
Title:					rast		
		TT TT T T T T T T T T T T T T T T T T					
Home Address:	Street			Clty		State	Zip _
Date of Birth:	/	1		Phone:		State	•
			**				
Officer Name:							
Onicer warne:	First		Middle	····	Last		
Title:			Email:	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		City		State	Zip
Home Address:	Street			Phone:		**	•
	Street /	/		rnone,			
Home Address:	Street /	1					
Home Address: Date of Birth:		AATEDIAI CIIDA	AITTED WILL DECLUT		ADDITION		
Home Address:  Date of Birth:  FALSIFICATION OF ANSV	VERS GIVEN OR N			IN DENIAL OF			
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