



**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](http://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. Class A - Entertainment License \$ 253.00
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 253.00 -

#### Business Information

Business Address: 738 Thomas Ave St. Paul, MN 55104  
Street City State Zip

Company Name: Favors Enterprises, LLC Doing Business As: Willard's Liquors

Company Type: Corporation LLC Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 01 / 03 / 2019 Anticipated Opening: 07 / 10 / 2019

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

Business Phone: 612-840-4821 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Arlene Chontel Favors  
First Middle Last

Title: Owner Date of Birth:  / /

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  X  No: \_\_\_\_\_

If no, who will operate it?

Operator Name:  N/A   
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:  N/A   
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:  Curtis   Jerrold   Favors   
First Middle Last

Title:  Owner  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.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Owner  
Title

\_\_\_\_\_  
02/26/2019  
Date