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JAN 21 2020



CITY OF SAINT PAUL
 Department of Safety and Inspections
 Ricardo X. Cervantes, Director
 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: Liquor

Fee(s):

- | | | | |
|---|--------------------------|--------------------------|---------------------------|
| a. <u>ON Sale</u> | <u>291 or more seats</u> | <u>2883⁵⁰</u> | <u>5767 1/2</u> |
| b. <u>ON Sale Sunday</u> | | | <u>200</u> |
| c. <u>ON Sale 2 AM closing</u> | | | <u>53</u> |
| d. <u>OUTdoor Service (Patio)</u> | | | <u>76</u> |
| e. <u>MAINT ON Sale (635) WINE (1976)</u> | | | <u>635</u>
<u>1976</u> |
| f. <u>Entertain A (218)</u> | <u>Entertain B (601)</u> | | <u>240</u>
<u>601</u> |
| g. <u>Cigarette/Tobacco</u> | <u>Cando hoc.</u> | | <u>755</u>
<u>45</u> |

6712.00

Total:

\$10,009

3888.50

Business Information

Business Address: 857 Grand Ave St Paul MN 55105
Street City State Zip

Company Name: RJMP Group INC Doing Business As: Billys on Grand

Company Type: Corporation X Partnership _____ Sole Proprietorship _____

Date of Incorporation: Nov 1 17 201 Anticipated Opening: 01 1 01 2020

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Randall Richard Johnson
First Middle Last

Title: CEO Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: X

No: _____

If no, who will operate it?

Operator Name: RANDALL
FirstRICHARD
MiddleJOHNSON
LastHome Address: _____
Street

Date of Birth: _____

City /

Phone #: _____

Are you going to have a manager or assistant in this business?

Yes: X

No: _____

If manager is not the same as the operator, please complete the following information:Manager Name: MATT
FirstMICHAEL
MiddlePRENDERGAST
LastHome Address: _____
Street

Date of Birth: _____

Phone: _____

State

Zip

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: MATT
FirstMICHAEL
MiddlePRENDERGAST
LastTitle: Executive V.P.

Email: _____

Home Address: _____
Street

Date of Birth: _____

City

Phone: _____

Zip

Officer Name: RANDALL
FirstRICHARD
MiddleJOHNSON
LastTitle: CEO

Email: _____

Home Address: _____
Street

Date of Birth: _____

City

Phone: _____

State

Zip

Officer Name: N/A
First

Middle

Last

Title: _____

Email: _____

Home Address: _____
StreetDate of Birth: / /

City

Phone: _____

State

Zip

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 / ownerDate: 12-3-2019