



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/ds

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 \$ 4891.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total:

\$

Business Information

Business Address: 470 Cleveland Ave S Saint Paul MN 55105
Street City State Zip

Company Name: Candlestick Hospitality LLC Doing Business As: Myrie 1

Company Type: Corporation _____ Partnership X Sole Proprietorship _____

Date of Incorporation: 8 / 11 / 20 Anticipated Opening: 06 / 15 / 21

Mailing Address: 470 Cleveland Ave S Saint Paul MN 55105
Street City State Zip

Business Phone: 651-340-3568 Fax Number: _____

Applicant Information

Applicant Name: James Bradley Brown
First Middle Last

Title: Co-Owner Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

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

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: Karyn Ann Tomlinson
First Middle Last

Title: Co-Owner Email:

Home Address:
Street City State Zip

Date of Birth: Phone:

Officer Name: Richard Segal
First Middle Last

Title: Co-Owner Email:

Home Address:
Street City State Zip

Date of Birth: Phone:

Officer Name: James Bradley Brown
First Middle Last

Title: Co-Owner 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.

Co-Owner
Title

3/31/21
Date