



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:

Fee(s):

a.	Liquor On Sale - 291 or more seats	\$5,882.00
b.	Liquor On-Sale Sunday	\$200.00
c.	Liquor On-Sale 2 am closing	\$50.00
d.	Liquor Outdoor Service Area (Patio)	\$78.00
e.	Entertainment B.	\$613.00
f.	Gambling Location	\$77.00
g.		

Total: \$6,900.00 -

Business Information

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

Company Name: DWD Group LLC **Doing Business As:** Bill's on Grand

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 03 / 23 / 2021 **Anticipated Opening:** 05 / 28 / 2021

Mailing Address: Same
Street City State Zip

Business Phone: 651-292-9140 **Fax Number:** _____

Applicant Information

Applicant Name: Wesley Edward Spearman
First Middle Last

Title: Owner **Date of Birth:** ____ / ____ / ____

Drivers License: _____ **Email:** Wesbillysongrand@gmail.com
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: Wesley Edward Spearman
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: X No:

If manager is not the same as the operator, please complete the following information:

Manager Name: Charles Wesley Gilbert
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: Darcy Susan Golish
First Middle Last

Title: Owner Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: Delshane Antonio Foster
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: _____

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 Date