

250000924



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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- |                                       |             |
|---------------------------------------|-------------|
| 1. <u>LIR ONSS 291+OR more seats</u>  | <u>6448</u> |
| 2. <u>LIR 2AM</u>                     | <u>59</u>   |
| 3. <u>LIR OUTDOOR SERVICE (Patro)</u> | <u>95</u>   |
| 4. <u>ENTERTAINMENT B</u>             | <u>672</u>  |
| 5. <u>LIR ONSS SUNDAY</u>             | <u>200</u>  |
| 6. <u>GAMBLING location</u>           | <u>84</u>   |
| 7. _____                              | _____       |

Total: \$ 0.00

\$7,548

### Business Information

Business Address: 250 7TH ST E ST PAUL MN 55101  
Street City State Zip

Company Name: DH HOSPITALITY LLC Doing Business As: BACK HOUSE, " " BAR + PATERN'S  
EARL & WILSON

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 4/18/2025 Date of Anticipated Opening: 7/8/2025

Mailing Address: 688 MINNEHAHA AVE E ST PAUL MN 55106  
Street City State Zip

Business Phone #: 714-345-5841 Email Address: [REDACTED]

### Applicant Information

Applicant Name: ROBERT GILMAN CLAPP  
First Middle Last

Title: CEO Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]  
State License #

Home Address: [REDACTED]  
City State Zip

Cell Phone: [REDACTED] Alternate Phone #: [REDACTED]

### Supplemental Required Information

Are you going to operate this business personally?  
If no, who will operate it?

Yes: ☐

No: ☒

Operator Name: SARAH RAPHAEL OPORTO  
First Middle Last

Home Address:

Date of Birth:

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: SARAH MARIE MCDONOVH  
First Middle Last

Home Address:

Date of Birth:

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

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 #: \_\_\_\_\_

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 certify that the information contained herein is true and correct to the best of my knowledge and belief.  
Signature of District Council Notification Form to the district council

Signature: OWNER Date: 5.28.2025