

250000218



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

| | | |
|----|-------------------------------------|---------|
| 1. | Liquor On-Sale - 100 seats or less | 4891.00 |
| 2. | Liquor On-Sale Sunday | 200.00 |
| 3. | Liquor Outdoor Service Area (Patio) | 74.00 |
| 4. | Entertainment A | 243.00 |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ 5,408.00

Business Information

Business Address: 934 Selby Ave St. Paul MN 55104
Street City State Zip

Company Name: Golden Thyme Holdings LLC Doing Business As: Golden Thyme Restaurant & Bar

Company Type: Corporation Limited Liability Company Partnership Sole Proprietorship

Date of Incorporation: 08/22/2023 Date of Anticipated Opening: 01/31/2025

Mailing Address: 1041 Selby Ave St, Paul MN 55104
Street City State Zip

Business Phone #: (651) 221-9884 Email Address: damon@rondoclt.org

Applicant Information

Applicant Name: Damon Darnell Mason
First Middle Last

Title: Director of Ops & Managing Mbr Date of Birth: ~~XXXXXXXXXX~~

Drivers License: ~~XXXXXXXXXX~~ Email: ~~XXXXXXXXXX~~
State License #

Home Address: ~~XXXXXXXXXX~~ ~~XXXX~~ ~~XXXX~~ ~~XXXX~~
Street City State Zip

Cell Phone #: ~~XXXXXXXXXX~~ Alternate Phone #: _____

Supplemental Required Information

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

Operator Name: N/A
First Middle Last
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____ Email Address: _____

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: Tony Cornelius Tims
First Middle Last
Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip
Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

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

Officer Name: Mikeya Chantell Griffin
First Middle Last
Title: Executive Director of Rondo Email: [REDACTED]
Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip
Date of Birth: [REDACTED] 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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[REDACTED] _____
Signature Title Date
LLC Managing Member 2/10/25