



**SAINT PAUL**  
SAFETY & INSPECTIONS

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. | Liquor on-Sale 181-290 Seats | 1st Half<br>6350 |
| 2. | Liquor on-Sale - Sunday      | 200              |
| 3. | Liquor on-sale - 2am         | 59               |
| 4. | Entertainment B              | 572              |
| 5. | Gambling location            | 84               |
| 6. |                              |                  |
| 7. |                              |                  |

Total: \$0.00 4,195

### Business Information

Business Address: 380 CEDAR ST SAINT PAUL MN 55101  
Street City State Zip

Company Name: DA FA INC Doing Business As: JACKIE'S REG LEG

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 08/01/1995 Date of Anticipated Opening: 01/01/2024

Mailing Address: 380 CEDAR ST SAINT PAUL MN 55101  
Street City State Zip

Business Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Applicant Information

Applicant Name: MARCIO LUIS DE MORAIS  
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

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

Home Address: [REDACTED]  
Street City State Zip

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

## 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 #: \_\_\_\_\_ 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: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

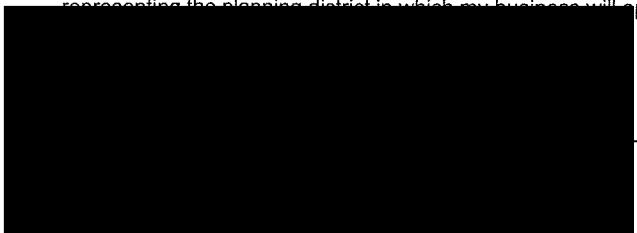
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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 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.



OWNER  
 Title

10/26/2023  
 Date