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 181-290 Seats	1st Half 6360
2.	Liquor on-Sale -Sunday	200
3.	Liquor on-sale - 2am	59
4.	Entertainment B	672
5.	Gambling location	84
6.		
7.		

Total: $ 0.00 4,195

Business Information

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

Company Name: DA FA INC **Doing Business As:** JACKEY'S PEG 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 (Street) SAINT PAUL (City) MN (State) 55101 (Zip)

Business Phone #: _____ **Email Address:** _____

Applicant Information

Applicant Name: MARCIO (First) UVIS (Middle) DE MORAIS (Last)

Title: OWNER **Date of Birth:** [redacted]

Drivers License: _____ (State License #) **Email:** [redacted]

Home Address: [redacted] (Street City State Zip)

Cell Phone #: [redacted] **Alternate Phone #:** [redacted]

(Continued on back)

plemental Required Information

Are you going to operate this business personally? **Yes:** (X) **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:** (X)

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.

[redacted] OWNER 10/26/2023
Title Date