

ACS ORA-V
TO ENTER
4/25

Will send tobacco
soon
what is fee?

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--------------|-----------|
| 1. | Off-Sale | \$1500.00 |
| 2. | Tobacco Shop | \$35.00 |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$4,500.00

21035.00

Business Information

Business Address: 140 Snelling Ave N St. Paul MN 55082
Street City State Zip

Company Name: CJL Inc Doing Business As: Park Liquors

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 03/12/2025 Date of Anticipated Opening: 04/07/2025

Mailing Address: [Redacted]
Street City State Zip

Business Phone #: (941) 330-5964 Email Address: [Redacted]

Applicant Information

Applicant Name: Christopher James Cosgrove
First Middle Last

Title: President Date of Birth: [Redacted]

Drivers License: [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? Yes: ☒ No: ☐
If no, who will operate it?

Operator Name: _____
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: Lilyann E Cosgrove
Home Address: _____
Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: Jenifer A Cosgrove
Title: Secretary Email: _____
Home Address: _____
Date of Birth: _____

Officer Name: Lilyann E Cosgrove
Title: VP Email: _____
Home Address: _____
Date of Birth: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
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.

President
Title

04/07/2025
Date