



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.

Received

JUL 19 2024

7/19
OK
to enter

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|-------------------------------|------------------|
| 1. | <u>Liquor on sale 101-180</u> | <u>\$5937.00</u> |
| 2. | <u>Liquor on sale Sunday</u> | <u>\$200.00</u> |
| 3. | <u>Entertainment A</u> | <u>\$278.00</u> |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: \$ 0.00

Business Information

Business Address: 883 Payne Ave St. Paul MN 55130
Street City State Zip

Company Name: El Nuevo Palmar Bar & Grill Doing Business As: El Nuevo Palmar Bar & Grill
LLC

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 05/23/2024 Date of Anticipated Opening: _____

Mailing Address: 883 Payne Ave St. Paul MN 55130
Street City State Zip

Business Phone #: 612-478-2149

Email Address: [REDACTED]

Applicant Information

Applicant Name: Jose M Vasquez Aguilar
First Middle Last

Title: owner

Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

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

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: Jose M Vasquez Aguilar
First Middle Last

Title: owner Email: _____

Home Address: _____

Date of Birth: _____

Officer Name: Jose J Garcia Herrera
First Middle Last

Title: owner Email: _____

Home Address: _____

Date of Birth: _____

Officer Name: _____
First Middle Last

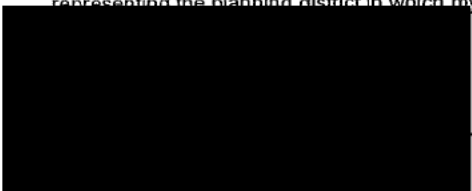
Title: _____ Email: _____

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.



Title OWNER Date 07-12-21