

Received



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

NOV 14 2022
City of Saint Paul - 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.

Types of License(s) being applied for:

Fee(s):

- a. Liquor Outdoor Service Area (Patio) \$79.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 79.00

Business Information

Business Address: 1834 St. Clair Ave St. Paul MN 55105
Street City State Zip

Company Name: Clairview Holdings, LLC Doing Business As: GroveLand Tap

Company Type: Corporation ☒ Partnership _____ Sole Proprietorship _____

Date of Incorporation: 1 / 98 Anticipated Opening: 11 / 21 / 22

Mailing Address: _____
Street City State Zip

Business Phone: 612-249-5228 Fax Number: _____

Applicant Information

Applicant Name: David Malcom Burley
First Middle Last

Title: Owner Date of Birth: 1 / 1 / 1

Drivers License: _____
State License # _____

Home Address: _____
Street _____

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: X

No: _____

If no, who will operate it?

Operator Name:

David

Malcom

Burley

Home Address:

Street

City

Date of Birth:

____ / ____ / ____

Phone #:

____ - ____ - ____

Are you going to have a manager or assistant in this business?

Yes: X

No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name:

Craig

Hassell

First

Middle

Home Address:

Street

City

Zip

Date of Birth:

____ / ____ / ____

Phone:

____ - ____ - ____

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

Officer Name:

David

Malcom

Burley

First

Middle

Last

Title:

Owner

Email:

____ - ____ - ____

Home Address:

Street

City

Zip

Date of Birth:

____ / ____ / ____

Phone:

____ - ____ - ____

Officer Name:

Stephanie

Margaret

Shimp

First

Middle

Title:

Owner

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.

Applicant:

Title

Date

owner

11/2/22