Received 20240001843

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

OCT 25 2024
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 on-sale 100-seats or less	$5,361.00
b.	Liquor on-Sale Sunday	$200.00
c.	~~Liquor Outdoor service area~~	~~$85.00~~ 1/4/25 TA
d.	Entertainment B	$672 11/1/24 TA
e.		
f.		
g.		$6233 1/4/25 TA
	Total:	~~$6446.00~~

Business Information

Business Address: 66 Monarch Way North Oaks MN 55127 ~~928 7th Street West St. Paul MN 55102~~
(Street / City / State / Zip)

Company Name: Starcade LLC Doing Business As: Starcade

Company Type: Corporation ____ Partnership ✓ Sole Proprietorship ____

Date of Incorporation: 12/26/2019 Anticipated Opening: 6/15/2025

Mailing Address: 928 7th Street W. St. Paul MN 55102
(Street / City / State / Zip)

Business Phone: ____ Fax Number: ____

Applicant Information

Applicant Name: Paul (First) Andrew (Middle) Saarinen (Last)

Title: Co-Owner Date of Birth: [redacted]

Drivers License: [redacted] (State / License #)

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

Cell Phone: [redacted] Alternate Phone: ____

(Continued on back)

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 #: ____

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: Nick Madsen

Home Address [redacted]

Date of Birth:

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

Officer Name: Thomas Paul Gogan (First / Middle / Last)

Title: Co-Owner Email:

Home Address: [redacted]

Date of Birth:

Officer Name: Bryan MacLeod Armitage (First / Middle / Last)

Title: CO-owner Email:

Home Address [redacted]

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.

[redacted] Co-Owner 10/25/2024

Title Date