Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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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. Print out and sign this form once complete.

Saint Paul, Minnesota 55101

Web: www.stpaul.gov/dsi

Phone: 651-266-8989

Types of Licer	se(s) being applied for:		Fee(s):
<u>.</u> Liq	uor On Sale – 291 or more se	eats	\$ 5,970.00
2. Liq	uor On-Sale Sunday		\$ 200.00
з. Liq	uor Outdoor Service Area (Pa	atio)	\$ 79.00
. Ent	ertainment B		\$ 622.00
5.			
б.			
7			
			Total: \$ 6,871.00
Business Informat	ion		
Business Addre	ss: 411 Minnesota Street	St. Paul	MN 55101
	street e: Rival House, LLC	City Doing Business As	state Zip Rival House
Company Typ	•	Partnership 🔿	Soie Proprietorship
)ate of incorporatio	n: 03/07/2023	Date of Anticipated Opening	10/01/2023
Mailing Addres	s:		
Business Phone	÷:	- Email Addro	255:
Applicant Inform	ation		
Applicant Na	me: Jeff First	Middle	Castillo
Title	<u>CEO-Maadaadizi Investme</u>		
Drivers License	State License #	Email:	
Home Address:			State Zip
Cell Phone #:		Alternate Phone	•



Fac(c)

Supplemental Required Information

hanager is not the same as the operator, please complete the following information: Manager Name: Home Address: Date of Birth: Phone #: Email Address:	e you going to oper 10, who will operat		personally? Yes: 🔘	No:	$oldsymbol{O}$		
Home Address: Zip Date of Birth: Phone #: Email Address: Zip Date of Birth: Phone #: Cip Size Zip Zip Date of Birth: Address: Zip Date of Birth: Phone #: Middle List Address: Zip Address: Zip Zip Date of Birth: Phone #: Cip Size Zip Zip	Operator Nam	e: Joshua			Cobb		
Date of Birth: Phone #: Email Address: e you going to have a thanager or assistant in this business? Yes: No: (a) manager is roug to same as the operator, please complete the following information: Manager Name: Usy State Zip Date of Birth: Phone #: Email Address: Zip Date of Birth: Phone #: Email Address: Zip Date of Birth: Phone #: Email Address: Zip Date of Birth: CEO-Mille Lacs Corporation (Attach another sheet if applicable.) Officer Name: Use Officer Name: 'Oseph Nayquonabe Last Titla: CEO-Mille Lacs Corporate \ Email: Last Zip Date of Birth: Phone #: City State Zip Date of Birth: Phone #: City State			Middle		A 1		
Date of Birth: Phone #: Email Address: e you going to have a manager or assistant in this business? Yes: No: (a) manager is roughts as the operator, please complete the following information: Manager Name: Hemis Address: Date of Birth: Phone #: City State Date of Birth: City State City State <t< td=""><td>Home Addres</td><td>is:</td><td></td><td></td><td></td><td></td><td></td></t<>	Home Addres	is:					
manager is <u>dup</u> the same as the operator, please complete the following information: Manager Name: Home Address: Date of Birth: Phone #: Email Address: Date of Birth: Phone #: Email Address: Date of Birth: Phone #: Date of Birth: Phone #: Officer Name: Officer Name: Date of Birth: Phone #: Date of Birth: Phone #: Officer Name: First Middle Last Title: Date of Birth: Phone #:	Date of Birth:		Phone #:		Email Address:	3(4(6	Z ip
Manager Name: Home Address: Cov State Zip Date of Birth: Phone #: Cov State Zip Email Address: Cov State Zip Date of Birth: CEO-Mille Lacs Corporate \ First Cive State Zip Date of Birth: First Middle Last Cive State Zip Date of Birth: First Cive State Zip Date of Birth: First Cive Phone #: Cive State Zip Date of Birth: First Cive Phone #: Cive State Zip Date of Birth: First Middle Last First Cive State Zip Date of Birth: First Middle Last First Middle Last First Cive State Zip Date of Birth: First Middle Last First Middle Last First Middle Last First Cive State Zip Date of Birth: First Middle Last First Zip Cive State Zip	e you going to have	a manager or assi	stant in this business?	Yes: 🔿	No: 🕥		
Hema Address: Cty State Zip Date of Birth: Phone #: Email Address:	manager is <u>not</u> the s	same as the opera	tor, please complete the f	ollowing info	rmation:		
Home Address: Cty State Zip Date of Birth: Phone #: Email Address:	Manager Name:						
Date of Birth: Phone #:Email Address: ease list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: JOSeph Address: Middle Titla: CEO-Mille Lacs Corporate \ Home Address: Street Officer Name: City Street City		Cors	Again - you and a single of the second s				710
ease list all other officers of the corporation (Attach another sheet if applicable.) Officer Name:	Date of Birth:		Phone #:	•	Email Address:	JURIE	zφ
Date of Jirth: Phone #:		First		il:	Last		
Date of Jirth: Phone #:	Home Address:	Street					
First Middle Last Title: Email: Home Address: Street City Date of Birth: Phone #: Officer Name: Middle Title: Email: Home Address: Street City			Phone #:				
Home Last Title:	Officer Name:				•		
Home Address: Street City State Zip Date of Birth: Phone #:		First	Middle				
Date of Birth: Phone #: Officer Name: First First Middle Title: Email: Home Address: Street Street Oty	Title:		Emai	l:			
Date of Birth: Phone #: Officer Name: First First Middle Last Title: Email: Home Address: Street Street City	Home Address:						
Officer Name: First Middle Last Title: Home Address: Street City State Zip		Street		City		State	Zip
First Middle Last Title:	Date of Birth:		Phone #:				
Title: Email: Home Address: Street City State Zip	Officer Name:	-					
Home Address:		First	Middle		Last		
	Title:		Emai	l:			
	Home Address:	Street		City		State	Zip
		-					•

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.

	CEO-
	Title

Maadaadizi Investmen 06/27/2023