

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

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

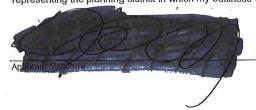
Payment must be received with each application. This application is subject to review by the public.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:			Fee(s):	
1. こん	ASS B ENTERT	DINDENT	A		NA FRORATE FRAN
					NA FARORATE FRAN EXISTING LICENSE
б					
7.					Φ 0 00
Business Informatio					\$ 0.00
Business Address	: 79 WESTERN A	QUE. N	ST. FROUL	MN Stat	55100 e Zlp
Company Name	THE UNIVERSITY OF	CLUB OF	Doing Business As:		
Company Type	: Corporation 🛇	Partnershi		Sole Propriet	
Date of Incorporation					BER 15, 2025
Mailing Address	Street SELBY AUG	ENUE S	r. POUL	M NV	<u>55/02.</u>
	: <u>651-889906</u> 006 209-659			ess: MOSTO	anaradatatatatatatatatatatatatatatatatatat
Applicant Inform	ation				
Applicant Na	me: JOHN First	RICHPRO Middle	7	RUPP	
Title	: PRESIDENT	and any department of the second of the seco	Date of Birt	:h:	
Drivers License	: Sta	Emai	I:		
Home Address		A A	City	Sta	te Zip
Cell Phone #	· And and		Alternate Phon	e#: // /	

upplemental Required		alluz Vagu 🚫	No.			
Are you going to operate t If <u>no</u> , who will operate it?	-	ally? Yes: 🔀	No: (
Operator Name:	rst	Middle		Last		
	treet				State	Zip
	treet					100 T
				No:		
Are you going to have a m			Yes: 🚫			
If manager is <u>not</u> the sam		ease complete the T	Tollowing Infor	HONNO	,	
Manager Name: //	MANA	Middle	!	Last	- Sh	
Home Address:	193 14:01.7	4/2)	CODE YR		State	Zip
Date of Birth:	14/34	Phone #: 55	232-4537	P Email Address:	THE RESERVE OF THE PERSON NAMED IN	1874205x
Please list all other of	ficers of the corpo	oration (Attach	another shee	et if applicable.)		
Officer Name:	irst	Middle		Last		
	rst					
Home Address: -St	treet		City		State	Zip
Date of Birth:		Phone #:				
Officer Name:	irst	Middle	1	Last		
''						
Home Address:	treet	The second secon	City		State	Zip
Date of Birth:		Phone #:				
Officer Name:	irst .	Middle		Last		
	1120			Lost		
		LI		A CONTRACTOR OF THE CONTRACTOR		
Home Address: -S	treet		City		State	Zip
Date of Birth:		Phone #:			i ,	¹ ≪♥
FALSIFICATION OF ANSW	WERS GIVEN OR MA	TERIAL SUBMITT	ED, WILL RESUI	T IN DENIAL OF	APPLICATI	ON A
I hereby state that I have answering knowledge and belief, I also	ered all of the preceding	guestions and that the	e information conta	ined herein is true and	correct to the	e best of

representing the planning district in which my business will operate.



アRをGIDだりて Title

7/11/25 Date