

20230002259

Received

SAINT PAUL
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | | |
|----|-----------------------|-----------------|---------|
| 1. | Liquor On-Sale | 10/-180 Sat/Sun | 5937.00 |
| 2. | Liquor On-Sale Sunday | | 200.00 |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

Total: \$ 6,137.00

Business Information

Business Address: 80 Snelling Ave N St Paul MN 55104
Street City State Zip
 Company Name: Andiamo St Paul LLC Doing Business As: Andiamo Italian Ristorante

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 10/23/2023 Date of Anticipated Opening: 01/10/2024

Mailing Address: 80 Snelling Ave N St Paul MN 55104
Street City State Zip

Business Phone #: (651) 289-2002 Email Address: [REDACTED]

Applicant Information

Applicant Name: Ramon Ruiz
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED]
Street City State Zip

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

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐

If no, who will operate it?

Operator Name: _____

Home Address: _____

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: Enrique _____

Ruiz _____

Home Address: _____

Date of Birth: _____

Phone #: _____

Email Address: _____

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

Officer Name: _____

Title: _____

Email: _____

Home Address: _____

Date of Birth: _____

Phone #: _____

Officer Name: _____

Title: _____

Email: _____

Home Address: _____

Date of Birth: _____

Phone #: _____

Officer Name: _____

Title: _____

Email: _____

Home Address: _____

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.

Applicant's Signature

Title

Date

OWNER

12-7-23