20250001115

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SAINT PAUL
SAFETY & INSPECTIONS

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

Received
JUL 17 2025
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 101-180	5937.-
2. LIQUOR ON SALE SUNDAY	200.-
3. LIQUOR ON SALE 2AM	59.-
4. LIQUOR OUTDOOR PATIO	85.-
5.	
6. ENTERTAINMENT A	278.-
7. GAMBLING	84.-

Total: $ 0.00

Business Information

Business Address: 253 Kellogg blvd W. (Street) St. Paul (City) MN (State) 55102 (Zip)

Company Name: The Eagle Street **Doing Business As:** Eagle Street

Company Type: Corporation ☒ Partnership ○ Sole Proprietorship ○

Date of Incorporation: 6/25 **Date of Anticipated Opening:** Sept 2025

Mailing Address: [redacted]

Business Phone #: 612-919-4027 **Email Address:** [redacted]

Applicant Information

Applicant Name: Joseph (First) Michael (Middle) Kasel (Last)

Title: Owner **Date of Birth:** [redacted]

Drivers License #: [redacted]

Home Address: [redacted]

Cell Phone #: [redacted]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ⊘ No: ○

If no, who will operate it?

Operator Name: JOSEPH MICHAEL KASER

Home Address: [redacted]

Date of Birth: [redacted]

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: N/A
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: JOSEPH MICHAEL KASER
First Middle Last

Title: OWNER Email: [redacted]

Home Address: [redacted]

Date of Birth: [redacted]

Officer Name: James DONALD FLAHERTY
First Middle Last

Title: OWNER Email: jim@paulyspubandgrill.com

Home Address: [redacted]

Date of Birth: [redacted]

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. 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[redacted] OWNER 7/15/25
Title Date