



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsj](http://www.stpaul.gov/dsj)

### 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 - 100 seats or less \$,361
- 2. Liquor on-sale - Sunday 200
- 3. Liquor outdoor service area (sidewalk) 40
- 4. Gambling location 84
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Total: \$ 0.00

5,685

#### Business Information

Business Address: 1668 Selby Ave St. Paul MN 55104  
Street City State Zip

Company Name: Pauly's of St. Paul Doing Business As: Pauly's

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: \_\_\_\_\_

Mailing Address: SAME  
Street City State Zip

Business Phone #: 612 919 4027 Email Address: JD@paulyspubsandgrill.com

#### Applicant Information

Applicant Name: James D Flaherty  
First Middle Last

Title: Owner Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### Supplemental Required Information

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

If no, who will operate it?

Operator Name: Ali Kassar Muharrar Kassar  
First Middle Last

Home Address: [Redacted] [Redacted] [Redacted] [Redacted]  
Street State Zip

Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [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: \_\_\_\_\_  
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: James D Plakoty  
First Middle Last

Title: Owner Email: [Redacted]

Home Address: [Redacted] [Redacted] [Redacted] [Redacted]  
Street City State Zip

Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Joseph M Kassar  
First Middle Last

Title: Owner Email: [Redacted]

Home Address: [Redacted] [Redacted] [Redacted] [Redacted]  
Street City State Zip

Date of Birth: [Redacted] Phone #: [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.

[Redacted] owner 12/5/23  
Title Date