

20240001112

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

JUN 17 2024



SAINT PAUL SAFETY & INSPECTIONS

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

City of Saint Paul - DSI

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 \$5361.00
2. Liquor Outdoor Service (Patio) 85.00
3. Liquor Outdoor Service (Sidewalk) 40.00
4. Entertainment A 278.00
5. Liquor on sale - Sunday 200.00
6.
7.

Total: \$5964.00

Business Information

Business Address: 485 Selby Ave St Paul MN 55102

Company Name: The High Hat Cafe, LLC Doing Business As: The High Hat

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 4.28.23 Date of Anticipated Opening: Open

Mailing Address: 485 Selby Ave St Paul MN 55102

Business Phone #: 651-271-6177 Email Address: thehighhat2023@gmail

Applicant Information

Applicant Name: Michael Thomas Noyes

Title: President Date of Birth: [Redacted]

Drivers License: [Redacted] Email: [Redacted]

Home Address: [Redacted]

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: _____
First Middle Last

Home Address: _____
Street City State Zip

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: _____
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: _____
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Officer Name: _____
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Officer Name: _____
First Middle Last

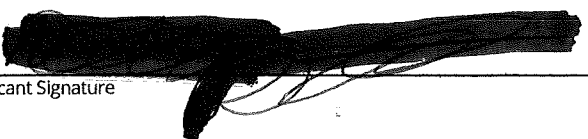
Title: _____ Email: _____

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 Signature

President
Title

5.23.2024
Date