

CITY OF SAINT PAUL

Department of Safety and Inspections Ricardo X. Cervantes, Director 375 Jackson Street, Suite 220 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.

Types of License(s) be		Fee(s):
a. big	vor On-Sale Permana	uit Expansion
b		v
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d	Walter Free Control of the Control o	·
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f		
g		
		Total [®] \$
Business Information Business Address: Company Name: Company Type: Date of Incorporation: Mailing Address: Business Phone:	Street Amsterdam 1 C Corporation Partner	St Cau State Sip The Sole Proprietorship Sole Proprietorship State
Applicant Information Applicant Name: Title:	Jarret S Chief Manager Middle	Date of Birth:
Drivers License: Home Address		

Supplemental Required	Information						
Are you going to operate	this business personally? Yes	: 1	No:				
If no, who will operate it?	•		Million Color				
Operator Name:							
Home Address:	First	Middle		Last		10.1	
	Street	cı	ty		State	Zip	
Date of Birth:		P	hone #:				
Are you going to have a m	nanager or assistant in this business?		Yes:	No:			
	e as the operator, please complete the follow	ing information					
Manager Name:	Meahan	K		Young	ren		
Home Address							
Date of Birth:							
Plana II to II at	6.1						
riease list all other of	ficers of the corporation (Attach anoth	ner sheet if a	oplicable.)	-			
Officer Name:	Jan	5	(Julma	i. Bi		
T [3]	Flisty	Middle					
Title:	Member owner	Email:					
Home Address:							
Date of Birth:							
		/		, ,	,		
Officer Name:		4	/	Mande 1	man		
Title:	Member armer	Middle	,	16.7			
	1 UNIVER OWNER	Email:					
Home Address:							
Date of Birth:							
Officer Name:						ĺ	
Title:	First	Middle		Last			
ritte:	7	Email:					
Home Address:	1						
Date of Birth:	Street / /	Ci	Y Phone;	.*	State	Zìp .	
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 the first state of the best of the be							
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