



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

## 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. <u>l</u>                            | Liquor On-Sale 181-290 Seats           |                         |  |              | 6,360             | 6,360                                   |  |
| 2. l                                   | 2. Liquor On-Sale Sunday               |                         |  |              |                   | 200                                     |  |
| 3. <u> </u>                            | 3. Liquor On-Sale 2:00 AM              |                         |  |              |                   | ····                                    |  |
| 4. l                                   | 4. Liquor Outdoor Service Area (Patio) |                         |  |              |                   |   |  |
| 5. <u> </u>                            | 5. Entertainment B                     |                         |  |              |                   | 672                                     |  |
| 6.                                     | 7059CCO 500P                           |                         |  |              | 5.3               | 5                                       |  |
| 7.                                     |  | ,                       |  |              |                   | *************************************** |  |
|  |  |                         |  |              | Total: \$ \$ \$   | ,376.00                                 |  |
| Business Infor                         | mation                                 | 1                       |  |              | 453               | 5= 7911                                 |  |
| Business A                             | ddress:                                | 96 North Dale           |  | Paul         | MN<br>State       | 55102                                   |  |
|  |  | Sweeny's, LLC           | Doing Business As: Sweeny's Saloon               |              |                   |   |  |
| Company Type:                          |  | Corporation 💽           | Partnership (                                    | So           | le Proprietorship | 0                                       |  |
| Date of Incorporation:                 |  | 09/24/2024              | Date of Anticipated Opening: 10/31/2024          |              |                   |   |  |
| Mailing A                              | ddress:                                | 96 North Dale           |  | t. Paul      | MN<br>State       | 55102                                   |  |
| Business Phone #:                      |  | (612) 296-6866          | City State Zip  Email Address: Will@Willrolf.com |              |                   |   |  |
| Applicant Ir                           | nforma                                 | tion                    |  |              |                   |   |  |
| Applicant Nam                          |  | e: William<br>First     | P  | Rolf<br>Last | F                 |   |  |
| Title:                                 |  | Chief Managing Director | Date of Birth:                                   |              |                   |   |  |
| Drivers License:                       |  | State License #         | Email:   | F            |                   |   |  |
| Home Address:                          |  | STREET.                 |  | <b>1</b>     |                   | 710                                     |  |
| Cell Phone #:                          |  | Street                  | State Zip Alternate Phone #:                     |              |                   |   |  |
|  |  |                         |  |              |                   |   |  |

## **Supplemental Required Information** Are you going to operate this business personally? No: If no, who will operate it? **Operator Name:** Home Address: 2 Email Address: Phone #:\_ Date of Birth: \_\_\_ Are you going to have a manager or assistant in this business? No: If manager is not the same as the operator, please complete the following information: Manager Name: Steven Lee Uhl Middle Last Home Address: Email Address: Phone #: Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: William Rolf Middle Last Chief Managing Director Email: Title: Home Address: Date of Birth: \_\_\_\_\_ Phone #: \_\_\_ Officer Name: Email: \_\_\_\_\_ Title: \_ Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_ Officer Name: Middle \_\_\_\_\_\_ Email: \_\_\_\_\_ Title: Home Address: \_\_\_\_\_\_\_\_Street 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.