

202300000000



CITY OF SAINT PAUL
Department of Safety and Inspections
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) being applied for:

Fee(s):

- a. Liquor On Sale 100 seats or less 4,891-
- b. Liquor On Sale Sunday 200-
- c. Expanding Location 77-
- d. Alcohol Permit 34-
- e. _____
- f. _____
- g. _____

Total: **\$ 5,027-**

Business Information

Business Address: 1201 Jackson St. St. Paul MN 55117
Street City State Zip

Company Name: LAWSTAC BAR LLC Doing Business As: THE FOUNDRY PUB

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 3 / 24 / 21 Anticipated Opening: 10 / 1 / 22

Mailing Address: 1201 Jackson St. St. Paul MN 55117
Street City State Zip

Business Phone: 651-489-6310 Fax Number: N/A

Applicant Information

Applicant Name: Michael Patrick LiName
First Middle Last

Title: Owner Date of Birth: / /

Drivers License: _____ State _____ License # _____

Home Address: _____ 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: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: ____ / ____ / ____ Phone #: _____

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: _____

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.

Applicant Signature: _____ Title: owner Date: 10/1/2022