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

Received
MAR 28 2024
City of Saint Paul - 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. OFF-SALE LIQUOR — 1,500
b. TOBACCO — 535
c. ____ ____
d. ____ ____
e. ____ ____
f. ____ ____
g. ____ ____

Total: $ -

Business Information

Business Address: 666 GRAND AVE (Street) ST PAUL (City) MN (State) 55105 (Zip)
Company Name: 3 SEASHELLS INC. **Doing Business As:** MICK'S BOTTLE SHOP/PERRIER
Company Type: Corporation X Partnership ____ Sole Proprietorship ____
Date of Incorporation: 3 / 11 / 24 **Anticipated Opening:** / /
Mailing Addres [redacted]
Business [redacted] **Fax Number:** ____

Applicant Information

Applicant Name: MATTHEW (First) DANIEL (Middle) HUNTINGTON
Title: ~~OWNER~~ PRESIDENT **Date of Birt** [redacted]
Drivers License: [redacted]
Home Address: [redacted]
Cell Phone: [redacted]

(Continued on back)

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.

[redacted] PRESIDENT 3/28/24
Title Date