

LICENSES ARE NOT TRANSFERRABLE Saint Paul, Minnesota 55101

Phone: 651-266-8989 Web: <u>www.stpaul.gov/dsi</u> Payment must be received with each application. This application is subject to review by the public.

Class "N" License Application

This application requires District Council notification prior to submission.

Types of License(s) being applied for:		Fee(s):	
1. Liquo	r On-Sale Less than 100 Sea	ats		4,891.00
_{2.} Sunda	ay Liquor Sales			200.00
3				
4				
5				
6				
7				
			Total:	\$ 5,091.00
Business Informatio	n			
Business Address:	150 Smith Avenue N	Saint Pau	II MI	
Company Name	St. Paul QOZ Hotel, L.L.C.	,	ess As: Courtyard by	'
Company Type:	: Corporation 💿	Partnership 🔵	Sole Proprie	torship 🔵
Date of Incorporation	. 03/21/2019	Date of Anticipated O	pening: 06/05/2023	
Mailing Address:	2901 Butterfield Road Street	Oak Broo	ok IL	
	: (877) 990-8409			nlandprivatecapit
Applicant Informa	ation			
Applicant Nan	ne: Joseph First	Earl Middle	Binder	
Title:	Executive Vice President		of Birth:	
Drivers License	State License #	Email:		
Home Address:	Street	City	Sta	te Zip
Cell Phone #:		Alternate		Σip

Home Address: Date of Birth: _ Are you going to have a If manager is <u>not</u> the sa Manager Name: _	St. Paul QOZ First Street a manager or assistance as the operate	Z Hotel, L.L.C. Phone #:	Middle City	Last	State	
Home Address: Date of Birth: _ Are you going to have a If manager is <u>not</u> the sa Manager Name: _	Street manager or assistance as the operate	Phone #:			State	
Date of Birth: _ Are you going to have a If manager is <u>not</u> the sa Manager Name: _	street manager or assis				State	
Are you going to have a If manager is <u>not</u> the sa Manager Name: _	nmanager or assis				Juic	Zip
If manager is <u>not</u> the sa Manager Name:	ame as the operat	stant in this busin		Email Addres	s:	
Manager Name:	=		ess? Yes: 💽) No: (
_		-	te the following in	formation:		
F		ospitality L		***************************************		
	irst		Middle	Last		
Home Address	treet		City		State	Zip
Date of Birth: _		Phone #		Email Addres	s:	
Please list all other	officers of the	corporation (At	tach another sh	neet if applicab	le.)	
Officer Name:	Scott			Meye	r	
Officer Nume.	First	·	Middle	Last	-	·
Title:	Managing Me	ember	_ Email:	Secret Secret Secret		
Home Address:		•				
nome Address:	Street		City		State	Zip
Date of Birth:		Phone #.				
Officer Name:						
omeer rame.	First					
- *	FILSC		Middle	Last		
Title:				Last		
			Email:			
Home Address:					State	Zip
			Email:			
Home Address: Date of Birth:	Street		Email:			
Home Address:	Street		Email:			
Home Address: Date of Birth: Officer Name:	Street	Phone #:	City Middle	Last	State	Zip
Home Address: Date of Birth: Officer Name: Title:	Street		City Middle		State	Zip
Home Address: Date of Birth: Officer Name:	Street	Phone #:	City Middle	Last	State	Zip