



SAINT PAUL
SAFETY & INSPECTIONS

Received

JUN 06 2024

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi 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.

Type: Restaurant

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

45 indoor

Fee(s):

1. Liquor On Sale - 100 seats or less

~~\$4,964.00~~

5361.00

2. Liquor On Sale - Sunday

\$200.00

3. Liquor Outdoor Service Area - Sidewalk

~~\$37.00~~

40.00

4.

5.

6.

7.

Total:

~~\$5,201.00~~

5361.00

Business Information

Business Address: 1811 Selby Ave, Saint Paul, MN, 55104

Street

City

State

Zip

Company Name: Local Legend Hospitality LLC

Doing Business As: Local Rumor

Company Type: Corporation ☒

Partnership ☐

Sole Proprietorship ☐

Date of Incorporation: 3.19.24

Date of Anticipated Opening: 7.9.2024

Mailing Address:

Street

City

State

Zip

Business Phone #: 310 991 0220

Email Address: davidscottcochran@gmail.com

Applicant Information

Applicant Name: David

Scott

Cochran

First

Middle

Last

Title: Owner / Founder

Date of Birth:

Drivers License:

State

License #

Email:

Home Address:

Street

City

State

Zip

Cell Phone #:

Alternate Phone #:

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes:



No:



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.

Applicant Signature

Title

Date

Owner

6-6-2024