

## Class "N" License Application

## 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.

**This application requires District Council notification prior to submission.** Print out and sign this form once complete.

Types of License(s) being applied for:			Fee(s):	
1. Karaol	ke Entotahment	A	·····	\$250.00 278
2.				
3.			,	
4.				
5.				
6				
7.				
			Total:	\$250:00 2 78
Business Information	n			
Business Address:	80 Snelling Av N St Paul	Ciby	MI Sta	
	Habanero Tacos Mexican			
Company Type:	Corporation	Partnership	Sole Proprie	torship
Date of Incorporation:	06-01-2022	Date of Anticipated O	pening: 08-20-2023	
Mailing Address:	Street			
Business Phone #:		City Emai	I Address: <u>habanerof</u>	tacos15@gmail.con
Applicant Informa	ition			
Applicant Nam	ne: Marcos	Middle	Munoz Lico	na
Title:			of Birth:	
Drivers License:	State License #	Email:		20
Home Address:	Street	City	Sta	te Zip
Cell Phone #:		Alternate	Phone #:	

## **Supplemental Required Information** Are you going to operate this business personally? Yes: K If no, who will operate it? **Operator Name: Home Address:** State Date of Birth: \_ **Email Address:** \_\_\_\_\_ Phone #: \_\_\_ Yes: X No: Are you going to have a manager or assistant in this business? If manager is not the same as the operator, please complete the following information: Manager Name: **Home Address:** Street Phone #: \_\_\_\_\_ Email Address: Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: Last Email: \_\_\_\_\_ Home Address: Street State Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Officer Name: Title: \_\_\_\_\_\_ Email: \_\_\_ Home Address: Street State \_\_\_\_\_ Phone #: \_\_\_ Date of Birth: fficer Na Middle Email: Home Address: \_\_\_\_\_\_\_Street State Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION THE PERSON AND A STATE OF THE S 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 of trict in which my bust swill operate 100 E-6-8 Owner 7/18/2023

Title

Applicant Signature

Date