

240000258



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

Class "R" 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:

44 seats / Restaurant

Fee(s):

- a. Liquor on Sale - 100 seats or less. 5,361.00
- b. Liquor on Sale Sunday \$200.00
- c. ENTERTAINMENT A \$278.00
- d. _____

Total: \$

Business/Applicant Information

Business Address: 1322 Rice Street St Paul MN 55117
Street City State Zip

Mail To Address: Same
Street City State Zip

Company Name: Taco H, LLC Doing Business As: Tromperia El Zac

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Licensee/Owner Name: Miriam Gutierrez Alarcon
(Responsible Party) First Middle

Title: Owner Driver's License:

Date of Birth:

Applicant Home Address:
Street City State Zip

Home Phone #: Business Phone #: 651-797-4575

Fax #: Email:

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name:
First Middle Last

Home Address:
Street City State Zip

Date of Birth: / / Phone #:

Email Address:

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐
If no, who will operate it?

Operator Name: Miriam Gutierrez Alarcon

Home Address:

Date of Birth:

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: Alicia Alarcon Hernandez

First Middle Last

Home Address:

Date of Birth:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Hector Miguel Lopez de Haro

First Middle Last

Title: Co Owner/Manager Email:

Home Address:

Date of Birth:

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.



President
Title

11-29-23
Date