20230002318

SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" Licens Approved to Eat

LICENSES ARE NO

Payment must be re
application. This appli
review by th

-Ross
12/22/23

This application requires District Council notification prior to submission.

Types of License(s) being applied for: **Fee(s):**

1.	Liquor On-Sale - 100 seats or less	$5,361.00
2.	Liquor On Sale Sunday	$200.00
3.		
4.		
5.		
6.		
7.		

Total: $ 5,561.00

Business Information

Business Address: 2201 Burns Avenue (Street) St. Paul (City) MN (State) 55119 (Zip)

Company Name: Peachtree Hospitality Management, LLC **Doing Business As:** DoubleTree by Hilton St. Paul East

Company Type: Corporation ○ Partnership ○ LLC ◉ Sole Proprietorship ○

Date of Incorporation: 10/04/2007 **Date of Anticipated Opening:** N/A - already opened

Mailing Address: 3500 Lenox Road, Suite 625 (Street) Atlanta (City) GA (State) 30326 (Zip)

Business Phone #: (651) 291-8800 **Email Address:** fmidge@peachtreegroup.com

Applicant Information

Applicant Name: Jatin (First) Ramesh (Middle) Desai (Last)

Title: Manager **Date of Birth:** [redacted]

Drivers License: [redacted] (State License #) **Email:** [redacted]

Home Address [redacted] (Street City State Zip)

Cell Phone #: [redacted] **Alternate Phone #:** [redacted]

(Continued on back)

Supplemental Required Information

Arey oug oing to operatet his business personally? Yes: ○ No: ◉
If no,w ho will operatelt ?

Operator Name: Fred G. Midge
First Middle Last

Home Address: [redacted]
Street City State Zip

Date of Birth: [redacted] **Phone #:** [redacted] **Email Address:** [redacted]

Arey oug oing to havea m anager or assistantin t his business? Yes: ◉ No: ○

Ifman ager is nott hesa mea s theop erator,p leasec ompletet hef ollowingin formation:

Manager Name: N/A - Fred Midge will be the manager/operator
First Middle Last

HomeA ddress: _____
Street City State Zip

Dateo f Birth: _____ **Phone #:** _____ **Email Address:** _____

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

Officer Name: Jatin Ramesh Desai
First Middle Last

Title: Manager **Email:** [redacted]

Home Address [redacted]
City State Zip

Date of Birth [redacted] **Phone #:** [redacted]

Officer Name: Gregory Mark Friedman
First Middle Last

Title: Manager **Email:** [redacted]

Home Address: [redacted]
State Zip

Date of Birth: [redacted] **Phone #:** [redacted]

Officer Name: Mitul Keshav Patel
First Middle Last

Title: Manager **Email:** [redacted]

Home Addres [redacted]
Street City State Zip

Date of Birth [redacted] **Phone #** [redacted]

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] Manager 12/20/2023
Applicant Signature Title Date