



SAINT PAUL
SAFETY & INSPECTIONS

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--------------------------------------|---------------|
| 1. | <u>ON SALE LIQUOR < 100 SEATS</u> | <u>\$4701</u> |
| 2. | <u>LIQUOR ON SALE SUNDAY</u> | <u>200</u> |
| 3. | <u>LIQUOR OUTDOOR PATIO</u> | <u>74</u> |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: \$0.00

\$ 4975

Business Information

Business Address: 452 SELBY AVE ST. PAUL MN 55102
Street City State Zip

Company Name: GROLLA LLC Doing Business As: LA GROLLA

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 12/16/22 Date of Anticipated Opening: OPEN

Mailing Address: _____
Street City State Zip

Business Phone #: 612-845-8938 Email Address: _____

Applicant Information

Applicant Name: MIHAEL JOHN ASP
First Middle Last

Title: OWNER Date of Birth: _____

Drivers License: _____ Email: _____
State LICENSE #

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: No:

If no, who will operate it?

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: MICHAEL JOHN ASP
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's Signature: _____

OWNER
Title

1/28/23
Date