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: (181-290)

Fee(s):

1. Liquor On-Sale - 274 Seats — ~~5802.00~~ 2901.00
2. Liquor On-Sale Sunday Sales — 200.00
3. Sidewalk Cafe — 37.00
4. _____
5. _____
6. _____
7. _____

Total: ~~$ 6,002.00~~ 6039.00

Business Information

Business Address: 750 Cleveland Ave. S. (Street) St. Paul (City) Minnesota (State) (Zip)

Company Name: Centro Highland Park LLC **Doing Business As:** Centro

Company Type: Corporation ○ Partnership ◉ Sole Proprietorship ○

Date of Incorporation: 03/21/2022 **Date of Anticipated Opening:** 04/01/2023

Mailing Address: 1414 Quincy Street NE (Street) MInneapolis (City) Minnesota (State) 55413 (Zip)

Business Phone #: _____ **Email Address:** _____

Applicant Information

Applicant Name: Jami (First) Lynn (Middle) Olson (Last)

Title: CEO **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? **Yes:** (●) **No:** ( )
If no, who will operate it?

Operator Name: Jami (First) Lynn (Middle) Olson (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: Jami (First) Lynn (Middle) Olson (Last)

Title: CEO **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 _____ CEO (Title) 1/26/23 (Date)