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.
Print out and sign this form once complete.

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

1. Patio liquor license
2.
3.
4.
5.
6.
7.

Total:

Business Information

Business Address: 605 W. 7th St. (Street) St. Paul (City) MN (State) (Zip)

Company Name: Eclectic Culinary Concepts **Doing Business As:** Fajarito

Company Type: Corporation ⊘ Partnership ○ Sole Proprietorship ○

Date of Incorporation: 7-19-2014 **Date of Anticipated Opening:** Summer For Patio Use 4 tables

Mailing Address: P.O. Box 50794 (Street) Mendota, (City) MN (State) 55150 (Zip)

Business Phone #: 651-340-9545 **Email Address:** dsanford@Eculinaryinc.com

Applicant Information

Applicant Name: Steve (First) (Middle) Hesse (Last)

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

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

Home Address: [redacted] (Street) (City) (State) (Zip)

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

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: (X) No: ( )
If no, who will operate it?

Operator Name: SAME
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: (X) No: ( )

If manager is not the same as the operator, please complete the following information:

Manager Name: Jennifer Yanta
First Middle Last

Home Address: [redacted]
Street City State Zip

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

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

Officer Name: Steve Hesse
First Middle Last

Title: Owner Email: [redacted]

Home Address: [redacted]
Street City State Zip

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

Officer Name: Tyge B. Nelson
First Middle Last

Title: V.P. Treas. Email: _____

Home Address: [redacted]
Street City State Zip

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

Officer Name: Charlie A Barnes
First Middle Last

Title: V-P-Sec. Email: _____

Home Address: [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] Owner 6/7/23
Signature Title Date