2023 000 1117 OR enter

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. Wine on sale — ~~1937.00~~ 2000.00
2. Malt on-sale strong — ~~622.00~~ 649.00
3.
4.
5.
6.
7.

Total: ~~1,#R~~ 2649.00

Business Information

Business Address: 641 university ave W (Street) Saint Paul (City) MN (State) 55104 (Zip)

Company Name: Slice Brothers Frogtown LLC **Doing Business As:** Slice Brothers

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 11/01/2022 **Date of Anticipated Opening:** 08/01/2023

Mailing Address: 641 university ave W (Street) Saint Paul (City) MN (State) 55104 (Zip)

Business Phone #: 6127091875 **Email Address:** Hosie@sliceminneapolis.com

Applicant Information

Applicant Name: Hosie (First) Middle Thurmond (Last)

Title: Owner **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

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

Operator Name: Curtis (First) Hall (Last)
Home Address: [redacted] (Street) [redacted] (City) [redacted] (State) [redacted] (Zip)
Date of Birth: [redacted] 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: Curtis (First) Hall (Last)
Home Address: [redacted] (Street) [redacted] (City) [redacted] (State) [redacted] (Zip)
Date of Birth: [redacted] Phone #: _____ Email Address: [redacted]

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

Officer Name: Adam (First) Kado (Last)
Title: [redacted] Email: [redacted]
Home Address: [redacted] (Street) [redacted] (City) [redacted] (State) [redacted] (Zip)
Date of Birth: [redacted] Phone #: [redacted]

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.

Verified by pdfFiller 06/27/2023

[redacted] | owner | 06/27/2023
Applicant Signature | Title | Date