

2023 000 1117

OK enter
903**SAINT PAUL**
SAFETY & INSPECTIONSSaint 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>Wine on sale</u> | <u>1937.00 2000.00</u> |
| 2. <u>Malt on-sale strong</u> | <u>622.00 649.00</u> |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

Total: ~~1.11R~~ 2649.00**Business Information**

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

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

Applicant Information

Applicant Name: Hosie Thurmond
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [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

Middle

Hall

Last

Home Address:

Street

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: Curtis

First

Middle

Hall

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: Adam

First

Middle

Kado

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

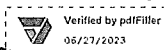
Zip

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 Signature

owner
Title

06/27/2023
Date