



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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. Karaoke Entertainment A \$250.00 278
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Total:** \$250.00 278

### Business Information

**Business Address:** 80 Snelling Av N St Paul MN 55104  
Street City State Zip

**Company Name:** Habanero Tacos Mexican Grill & Ba **Doing Business As:** Same ua before

**Company Type:** ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

**Date of Incorporation:** 06-01-2022 **Date of Anticipated Opening:** 08-20-2023

**Mailing Address:** [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip

**Business Phone #:** 612-501-6929 **Email Address:** habanerotacos15@gmail.com

### Applicant Information

**Applicant Name:** Marcos Munoz Licon  
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 #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

## Supplemental Required Information

Are you going to operate this business personally?  
If no, who will operate it?

Yes:

☒

No:

☐

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:

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 Signature

Owner  
Title

7/18/2023  
Date