

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

FEB 1 2024

Payment must be received with Each Application
This application is subject to review by the public.

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- | | | | |
|----|-----------------------|------------------|------|
| a. | Liquor on Sale | 100 SEAT or less | 5361 |
| b. | Liq. On Sale - Sunday | | 200 |
| c. | Entertainment | FF | 278 |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

5839

Total:

\$

Business Information

Business Address: 1641 NILE STREET ST. PAUL MN 55125
Street City State Zip

Company Name: TEES AMIGOS RESTAURANT CONSULTING LLC Doing Business As: CANCUN MEXICAN GRILL LLC
Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 1 / 1 Anticipated Opening: 3 / 15 / 2024

Mailing Address: 1641 NILE STREET ST. PAUL MN 55125
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: First Antonio Middle Vazquez LAmar

Title: PRESIDENT Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED] City: [REDACTED] State: [REDACTED]

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:

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

/

/

Phone #:

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:

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

Officer Name:

First

Middle

Title:

Owner - manager

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

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.

Title

Date

Owner - manager

1/31/2024