



**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.*

Types of License(s) being applied for:

Fee(s):

1. CLASS B ENTERTAINMENT NA (PRORATE FROM EXISTING LICENSE)
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Total: \$ 0.00

### Business Information

Business Address: 79 WESTERN AVE. N ST. PAUL MN 55102  
Street City State Zip

Company Name: THE UNIVERSITY CLUB OF ST. PAUL Doing Business As: THE COMMODORE BAR AND RESTAURANT

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: ~ 1904 Date of Anticipated Opening: SEPTEMBER 15, 2025

Mailing Address: 374 SELBY AVENUE ST. PAUL MN 55102  
Street City State Zip

Business Phone #: 651-800-0000 Email Address: HOWARD@CUCLOS.COM  
209-6573

### Applicant Information

Applicant Name: JOHN RICHARD RYPP  
First Middle Last

Title: PRESIDENT 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]

# 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 #: \_\_\_\_\_ 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: THANH T HOANG  
First Middle Last  
Home Address: [REDACTED] [REDACTED] [REDACTED] [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: \_\_\_\_\_  
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.

[REDACTED] PRESIDENT 7/11/25  
Applicant Signature Title Date