



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

80240000753
received
Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

APR 15 2024

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

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | |
|--|---------------------------------|
| 1. <u>Liquor license 101-180 Seats</u> | <u>5497 5937</u> |
| 2. <u>Liquor on sale - Sunday</u> | <u>200</u> |
| 3. <u>Liquor outdoor service area (sidewalk)</u> | <u>.37 40</u> |
| 4. <u>Liquor outdoor service area (patio)</u> | <u>.79 85</u> |
| 5. <u>Entertainment B</u> | <u>2955 622 672</u> |
| 6. <u>Gambling</u> | <u>.78 84</u> |
| 7. <u>Wine on Sale</u> | <u>2000 7,018.00</u> |

Total: \$ 10,846.00

Business Information

Business Address: 656 Grand Avenue Saint Paul MN 55105
Street City State Zip

Company Name: Catherine Hospitality LLC **Doing Business As:** Russell's Bar & Grill

Company Type: ☐ Corporation ☐ Partnership ☒ Sole Proprietorship

Date of Incorporation: 01/18/2024 **Date of Anticipated Opening:** 10/01/2024

Mailing Address: 262 W. 7th Street Saint Paul MN 55102
Street City State Zip

Business Phone #: (714) 343-2274

Email Address: [REDACTED]

Applicant Information

Applicant Name: Todd Mark Russell
First Middle Last

Title: President

Date of Birth: [REDACTED]

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

Home Address: [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: Todd M Russell

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: Todd M Russell

First

Middle

Last

Title: President

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

Title

Date

Prue

4/15/2024