

20240000668

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

APR 09 2024

City of Saint Paul - DSI



SAINT PAUL
SAFETY & INSPECTIONS

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	Fee(s):
1. Liquor On Sale – 101 -181 seats	5937.00
2. On Sale Sunday	200.00
3. Liquor Outdoor Service Area (Patio)	85.00
4.	
5.	
6.	
7.	
Total: \$ 6,222.00	

Business Information

Business Address: 173 Western Ave N Saint Paul MN 55102
Street City State Zip

Company Name: MC's Hog, LLC Doing Business As: Handsome Hog

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 02/27/2024 Date of Anticipated Opening: _____

Mailing Address: _____
Street City State Zip

Business Phone #: (612) 594-0305 Email Address: mnsaloon@gmail.com

Applicant Information

Applicant Name: Patrick Francis Conroy
First Middle Last

Title: President Date of Birth: _____

Drivers License: _____
State License #

Email: _____

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: ☐ No: ☐

If no, who will operate it?

Operator Name: Brandon

John

Clemings

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: Nathan

Tyler

Robertson

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: Patrick

Francis

Conroy

First

Middle

Last

Title: President

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name: Frank

Nicholas

Greczyna

First

Middle

Last

Title: Officer

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name: Patrick

Anthony

Conroy

First

Middle

Last

Title: Officer

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

Title

Date

PRESIDENT

4/9/24