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Received

JUN 06 2024

City of Saint Paul - DSI

SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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.

Type: Restaurant

This application requires District Council notification prior to submission.

Types of License(s) being applied for: 45 indoor

		Fee(s):
1.	Liquor On Sale - 100 seats or less	~~$4,964.00~~ $361.00
2.	Liquor On Sale - Sunday	$200.00
3.	Liquor Outdoor Service Area - Sidewalk	~~$37.00~~ 40.00
4.		
5.		
6.		
7.		
	Total:	~~$5,201.00~~ $601.00

Business Information

Business Address: 1811 Selby Ave, Saint Paul, MN, 55104
Street City State Zip

Company Name: Local Legend Hospitality LLC **Doing Business As:** Local Rumor

Company Type: Corporation ◉ Partnership ○ Sole Proprietorship ○

Date of Incorporation: 3.19.24 **Date of Anticipated Opening:** 7.9.2024

Mailing Address: [redacted]
Street City State Zip

Business Phone #: 310 991 0220 **Email Address:** davidscottcochran@gmail.com

Applicant Information

Applicant Name: David Scott Cochran
First Middle Last

Title: Owner / Founder **Date of Birth:** [redacted]

Drivers License: ____ ____ **Email:** [redacted]
State License #

Home Address: [redacted]
Street City State Zip

Cell Phone #: [redacted] **Alternate Phone #:** ____

(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 #: _____ 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.

[redacted]
Applicant Signature

Owner
Title

6-6-2024
Date