



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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|-------------------------------|-----------------|
| 1. | <u>LIQUOR OUTDOOR SERVICE</u> | <u>\$ 85.00</u> |
| 2. | <u>AREA (PATIO)</u> | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: 85.00

Business Information

Business Address: 214 FOURTH ST. E. ST PAUL MN 55101
Street City State Zip

Company Name: 1881 BY LAKE ELMO **Doing Business As:** 1881 BY LAKE
INN, INC. ELMO INN

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 5/15/2024 **Date of Anticipated Opening:** PATIO: 5/01/25

Mailing Address:

Business Phone #: 652-698-1881 **Email Address:** PSCHILTZ@
lakeelmann.
com

Applicant Information

Applicant Name: JOHN FRANCIS SCHILTZ
CHRISTINE LOUISE SCHILTZ
First Middle

Title: OWNERS

Drivers:

Home Address:

Cell Phone #:

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes: ☐No: ☒Operator Name: FRANCIS ERWIN HOPP

Home Address: [REDACTED]

Date of Birth: [REDACTED]

Are you going to have

If manager is not theManager Name: ANTHONY JAMES RIOS

Home Address: [REDACTED]

Date of Birth: [REDACTED]

Please list all oth

Officer Name: FRANCIS ERWIN HOPP

First

Middle

Title: OWNER

Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: [REDACTED]

Officer Name: ANNA ELIZABETH SCHULTZ

First

Middle

Title: OWNER

Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: [REDACTED]

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

Title

OWNER

Date

3/03/25