2024000067

Received

APR 16 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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for: **Fee(s):**

1.	Liquor On-Sale – 291 or more seats	6,448.00
2.	Liquor On-Sale Sunday	200.00
3.	Liquor Outdoor Service Area (Patio)	85.00
4.	Liquor Catering Permit (application to follow after state approval)	192.00
5.	Entertainment B	672.00
6.		
7.		

Total: $

Business Information

Business Address: 120 W Kellogg Blvd. (Street) St. Paul (City) MN (State) 55102 (Zip)

Company Name: Levy Premium Foodservice Limited Partnership **Doing Business As:** Levy at Science Museum of Minnesota

Company Type: Corporation ○ Partnership ◉ Sole Proprietorship ○

Date of Incorporation: 12/04/1997 **Date of Anticipated Opening:** 03/11/2024

Mailing Address [redacted] (Street) (City) (State) (Zip)

Business Phone #: (612) 562-1594 **Email Address:** [redacted]

Applicant Information

Applicant Name: Sherif (First) Folarin (Middle) Dosunmu (Last)

Title: Secretary **Date of Birth** [redacted]

Drivers Licens [redacted] (State) (License #) **Emai** [redacted]

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: Leah Anderson
First Middle Last

Home Address: [redacted]
Street City State Zip

Date of Birth [redacted] Phone #: [redacted] Email Address [redacted]

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: Same as operator - Leah Anderson
First Middle Last

Home Address: [redacted]
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: Robert Lawrence Ellis
First Middle Last

Title: President Email: [redacted]

Home Address: [redacted]
Street City State Zip

Date of Birth [redacted] Phone #: [redacted]

Officer Name: Andrew Jay Lansing
First Middle Last

Title: CEO Email: [redacted]

Home Address: [redacted]
State Zip

Date of Birth [redacted] Phone #: [redacted]

Officer Name: Sherif Folarin Dosunmu
First Middle Last

Title: Secretary Email: [redacted]

Home Address: [redacted]
Street State Zip

Date of Birth: [redacted] Phone #: [redacted]

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.

Ap[redacted] Secretary of its General Partner 3/26/2024
Title Date