



**CITY OF SAINT PAUL**  
 Department of Safety and Inspections  
 375 Jackson Street, Suite 220  
 Saint Paul, Minnesota 55101  
 Phone: 651-266-8989  
 Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

Received

AUG 31 2022

**Class "N" License Application**

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application  
 This application is subject to review by the Public

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 Received  
 Aug 31, 2022  
 SEP 07 2022

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- a. Liquor On Sale - 100 seats or less \$ 4891.00
- b. Liquor On Sale Sunday \$ 200.00
- c. ~~Liquor Outdoor Service (sidewalk)~~ \$ ~~36.00~~
- d. Entertainment A \$ 253.00
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$5344.00

**Business Information**

Business Address: 1571 Grand Ave St. Paul MN 55105  
Street City State Zip

Company Name: Masooda Enterprises, Inc. Doing Business As: Bar Cart Lounge: Restaurant

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 4/18/86 Anticipated Opening: 12/1/22

Mailing Address:

Business Phone: 651-983-1316 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: Masooda Sherzad  
First Middle Last

Title: Owner Date of Birth: 1/1

Drivers License: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes: X No: \_\_\_\_\_

If no, who will operate it?

Operator Name: Ralena Young  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth:     /    /     Phone #: \_\_\_\_\_

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: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.) ralena.barcart@gmail.com

Officer Name: Ralena Jo Young  
First Middle Last

Title: Director/Owner Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth:     /    /     Phone: \_\_\_\_\_

Officer Name: Emel Sherzadi  
First Middle Last

Title: Owner 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.

Applicant Signature

\_\_\_\_\_ CO-OWNER 8-31-22  
Title Date