



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

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

Types of License(s) being applied for:

Fee(s):

- a. Off-Sale Malt \$205.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 205.00

Business Information

Business Address: 1530 Sherwood Ave St. Paul MN 55106
Street City State Zip

Company Name: Pitty's Corner Doing Business As: same

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 01/13/2016 Anticipated Opening: N/A already operate

Mailing Address: 1530 Sherwood Ave St. Paul MN 55106
Street City State Zip

Business Phone: 651-774-6400 Fax Number: _____

Applicant Information

Applicant Name: Amna Kiran
First Middle Last

Title: CEO Date of Birth: 1/1

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

I am currently operating this business!!!

Are you going to operate this business personally?

Yes: X No:

If no, who will operate it?

Operator Name:

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:

Javed _____ *Tahal* _____
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.)

n/a

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.

Applicant Signature

Title

Date

n/a _____ *July 9, 21*