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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): 6 months 1/2

| | | |
|---|---|---|
| a. | Liquor On Sale - 100 seats or less | $ 4189 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 (Street) St. Paul (City) MN (State) 55105 (Zip)

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

Company Type: Corporation ____ Partnership ____ Sole Proprietorship X

Date of Incorporation: 4/8/86 Anticipated Opening: 12/1/22

Mailing Address:

Business Phone: 651-983-1316 Fax Number:

## Applicant Information

Applicant Name: Masooda (First) Sherzad (Middle) (Last)

Title: Owner Date of Birth: / /

Drivers License: (State) (License #)

Home Address: (Street) (City) (State) (Zip)

Cell Phone: Alternate Phone

(Continued on back)

## 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 Js Young
First Middle Last

**Title:** Director/Owner **Email:**

**Home Address:**
Street City State Zip

**Date of Birth:** ___/___/___ **Phone:**

**Officer Name:** Emel Sherzad
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 — Title: Co-owner — Date: 8-31-22