Department of Safety and Inspections Received Class "N" License Application 200 375 Jackson Street, Sulte 220 Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

LICENSES ARE NOT TRANSFERRABLE TO

AUG 3 1 2022

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

Types of License(s) being applied for: Fee(s): Liquor On Sale - 100 sents or less Liquor On Sale Sunday **Business Information** Business Address: 1571 Grand Auc St. Paul MN State State Company Name: Masooda Enterprises, Inc. Doing Business As: Rar Cart Counge: Restaura Corporation Partnership _____ Sole Proprietorship Company Type: Date of Incorporation: 4/86 Anticipated Opening: /Z/ / / 2 Mailing Address: Business Phone: 657-983-1316 Fax Number: Applicant Information Applicant Name: Masooda Sharzad

Title: Owner Date of Birth: Drivers License: Home Address: Cell Phone: Alternate Phone

- approximental modalica	Information	•		
Are you going to operate t	this business personally? Yes:	No:	_	-
If <u>no</u> , who will operate it?		, ,	_	
Operator Name:	Kalena joung			
Home Address:	First	Middle	Last	
nome Address:	Stre ·	City	J State	∠ıp
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:	e as the operator, please complete the following	ing information:		
Manager Maine.	First	Middle	Last	
Home Address:				
Date of Birth:	Street	City	State	Zip
Date of Birtin.		Phone:		T-17-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
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Please list all other of	ficers of the corporation (Attach anoth	er sheet if applicable.)	arena, sarc	arte
Officer Name:	Ralens	10000	gmail,	COM
	First	Middle	Last	_
Title:	Director Owner	Email:		•
Home Address:				,
	Street	City -	Jiace	-
Date of Birth:	//	Phone:		_
		Δ		
Officer Name:	Encl She	-240		
	Encl She	Middle	Last	
Officer Name:	Encl She Dware	アンムグ Middle Email:	Last	
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Title: Home Address: Date of Birth:	-Street	Middle Email: -	,	Lip
Title:	-Street	Middle Email: -	,	
Title: Home Address: Date of Birth:	Street /	Middle Email: Phone:	Juice	Lip
Title: Home Address: Date of Birth: Officer Name: Title:	Street /	Middle Email: Phone:	Juice	
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