



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

Received

AUG 31 2022

City of Saint Paul - 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

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Received
Aug 31, 2022
SEP 07 2022

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 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 Sherzad
First 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.)

Officer Name:

Ralena So Young

First

Middle

Last

Title:

Director/Owner

Email:

ralena.bancart@gmail.com

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

Title

co-owner

Date

8-31-22