

20240000044



**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
Ricardo X. Cervantes, Director  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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. Liquor on Sale - 100 seats or less \$5,361.00
- b. Liquor on Sale - Sunday \$200.00
- c. Liquor-Outdoor Service Area (Sidewalk) \$40.00
- d. \_\_\_\_\_ \_\_\_\_\_
- e. \_\_\_\_\_ \_\_\_\_\_
- f. \_\_\_\_\_ \_\_\_\_\_
- g. \_\_\_\_\_ \_\_\_\_\_

Total: \$ 5,601.00 -

#### Business Information

Business Address: 790 Grand Ave Saint Paul MN 55105  
Street City State Zip

Company Name: WAID Restaurant Group, Inc Doing Business As: Hyacinth Restaurant

Company Type: Corporation \_\_\_\_\_ Partnership X Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 09 / 01 / 2023 Anticipated Opening: 12 / 15 / 2024

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

Business Phone: \_\_\_\_\_ Fax Number: N/A

#### Applicant Information

Applicant Name: Abraham Yigizew Gessesse  
First Middle Last

Title: Partner/Chef Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Alternate Phone: N/A

**Supplemental Required Information**

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:  X

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: Admas Getachew Molla  
First Middle Last  
Title: Partner Email:    
Home Address:    
Street City State Zip  
Date of Birth:

Officer Name: Dawit Mulugeta Alene  
First Middle Last  
Title:    
Home Address:    
Street City State Zip  
Date of Birth:   Phone:

Officer Name: Imran Ayub Manjlai  
First Middle Last  
Title: Partner, Back End 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.

Partner/Chief 11/07/2023  
Applicant signature Title Date