

Received

AUG 08 2023



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsj

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE City of Saint Paul - DSI

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

| | | |
|----|------------------------------------|---------|
| 1. | Liquor on Sale 291 or more seats | 5882.00 |
| 2. | Liquor on Sale - Sunday | 200.00 |
| 3. | Liquor on Sale - 2 AM Closing | 55.00 |
| 4. | Liquor on outdoor Patio | 79.00 |
| 5. | Gambling Location | 78.00 |
| 6. | Entertainment (A) | 253.00 |
| 7. | | |

Total: \$ 0.00 **6547.00**

Business Information

Business Address: 174 7th St W St. Paul MN 55102
Street City State Zip

Company Name: ZBAM LLC Doing Business As: ZAMBONIS ON 7th

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 6/2023 Date of Anticipated Opening: 10-30-23

Mailing Address: 174 7th St W St Paul MN 55102
Street City State Zip

Business Phone #: 651-928-6462 Email Address: greg.awada@gmail.com

Applicant Information

Applicant Name: GREGORY GEORGE AWADA
First Middle Last

Title: Co-OWNER Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED]

Cell Phone #: [REDACTED]



Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: Greg Awada (George)
Home Address: [REDACTED]
Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

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 #: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Kristi Lee Bruner
First Middle Last
Title: President Email: _____
Home Address: [REDACTED]
Date of Birth: [REDACTED]

Officer Name: Greg Awada (George)
First Middle
Title: Treasurer Email: [REDACTED]
Home Address: [REDACTED] State Zip
Date of Birth: [REDACTED]

Officer Name: Tim Mahoney Cronin
First Middle Last
Title: Secretary Email: [REDACTED]
Home Address: [REDACTED]
Date of Birth: [REDACTED]

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[REDACTED] _____
Title Date Treasurer 8/2/23