



**SAINT PAUL**  
SAFETY & INSPECTIONS

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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

1.	Beverage Liquor on sale - 100 seats or less	5361.00
2.	Liquor on sale (sunday)	200.00
3.	Gambling location	84.00
4.		
5.		
6.		
7.		

Total: \$ 0.00

#### Business Information

Business Address: 1964, west university AVP, St. Paul, MN- 55104  
Street City State Zip

Company Name: MINAL LLC Doing Business As: midway cafe & grill

Company Type: Corporation  LLC Partnership  Sole Proprietorship

Date of Incorporation: 08/23/2023 Date of Anticipated Opening: \_\_\_\_\_

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

Business Phone #: 701-770-3649 Email Address: MRMRSOZA @GMAIL.COM

#### Applicant Information

Applicant Name: MINAL R OZA  
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

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

Home Address: [REDACTED] [REDACTED]  
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

### Supplemental Required Information

Are you going to operate this business personally? Yes:  No:

If no, who will operate it?

Operator Name: Rakesh Oza  
First Middle Last

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

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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: IRAJ SAHIN  
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: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ 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 #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

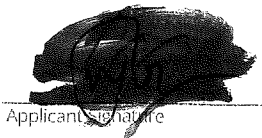
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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. 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.



Applicant Signature

Title

11/30/2023  
Date