Received

AUG 08 2023

City of Saint Paul - DSI

SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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. Liquor On Sale 241 or more seats	5882.00
2. Liquor On Sale - Sunday	200.00
3. Liquor On Sale - 2AM Closing	55.00
4. Liquor ~~On Sale~~ 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 (Street) St. Paul (City) MN (State) 55102 (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 (Street) St Paul (City) MN (State) 55102 (Zip)

Business Phone #: 651·925·6462 **Email Address:** greg.awada@gmail.com

Applicant Information

Applicant Name: GREGORY (First) GEORGE (Middle) AWADA (Last)

Title: Co-OWNER **Date of Birth** [redacted]

Drivers License: ____ (State) ____ (License #) **Email** [redacted]

Home Address: [redacted]

Cell Phone #: [redacted]

(Continued on back)

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 Addr[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 BRUNNER
First Middle Last

Title: President Email: [redacted]

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 Mahaney 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] Treasurer 8/2/23
Title Date