



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

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: 35 seats Fee(s):

a.	<u>Liquor on sale - 100 seats or less</u>	<u>4,795.00</u>
b.	<u>Liquor on sale Sunday</u>	<u>200</u>
c.	_____	_____
d.	<u>up up upgrade from wine/beer</u>	_____
e.	<u>to full liquor</u>	_____
f.	<u>license # 2017400004834</u>	_____
g.	_____	_____

Total: \$ -

Business Information

Business Address: 2585 W 7th Street St Paul MN 55116
Street City State Zip

Company Name: Agegil Doing Business As: _____

Company Type: Corporation _____ Partnership Sole Proprietorship _____

Date of Incorporation: 12/12/2017 Anticipated Opening: 1/1

Mailing Address: 2585 7th Street W St Paul MN 55116
Street City State Zip

Business Phone: 651 340 3291 Fax Number: _____

Applicant Information

Applicant Name: Tsegareda A Chenhat
First Middle Last

Title: OWNER Date of Birth: _____

Drivers License: _____
State License #

Home Address: _____
Street

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes: 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:

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: KUMITA TESFAYS KIDANS
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: _____

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.

Applic

OWNER
Title

05/28/19
Date