

Received

MAY 12 2025

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

okay to enter ACS 5/19/25



SAINT PAUL
SAFETY & INSPECTIONS

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

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Application for small brewer 30
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00

Business Information

Business Address: 248 7th St E Saint Paul MN 55101
Street City State Zip

Company Name: 7th Street Beer Company Doing Business As: Barrel Theory Beer Company

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: _____ Date of Anticipated Opening: 6/21/17

Mailing Address: 248 7th St E Saint Paul MN 55101
Street City State Zip

Business Phone #: 651-600-3422

Email Address: [REDACTED]

Applicant Information

Applicant Name: Amin Sabaar Harris
First Middle Last

Title: President / General Manager Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Supplemental Required Information

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

Yes: ☒

No: ☐

Operator Name:

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:

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.

President LGM
Title

5/12/25
Date