

20170004834



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
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:

	Fee(s):	*988 968.5
a.		1,937.1976
b.		622.635
c.		248
d.		
e.		
f.		
g.		
	Total:	\$2,559.

- a. Wine on-sale
- b. Malt on-sale (Strong)
- c. Entertainment (A)
- d. _____
- e. *6 months later \$988 owed
- f. _____
- g. _____

\$1,871

1,590.5

\$2,559.

Business Information

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

Company Name: Agelgil Ethiopian Restaurant LLC Doing Business As: Same

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 10/27/2017 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: Tsegereja Atilabachew Cherinat
 First Middle Last

Title: owner/manager Date of Birth: _____

Drivers License: _____ State: _____ Email: _____

Home Address: _____ Street City State _____

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: Tsegereida Afilabachew Cherinat
First Middle Last

Title: owner/manager Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone: _____

Officer Name: Konjit TESFAYE KIDANE
First Middle Last

Title: owner/Manager 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.

Applicant Signature

Manager
Title

12/18/2017
Date