

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](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.

Types of License(s) being applied for:

	Fee(s):	<del>*988</del> <del>968.5</del>
a. <u>Wine on-sale</u>		<u>1,937.1976</u>
b. <u>Malt on-sale (Strong)</u>		<u>622.635</u>
c. <u>Entertainment (A)</u>		<u>248</u>
d. _____		_____
e. <u>*6 months later \$988 owed</u>		_____
f. _____		_____
g. _____		<u>\$1,871</u> <u>1,590.5</u>
	Total:	<u>\$2,559.</u>

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