



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. | Beverage Liquor on sale - 100 seats or less | 5361.00 |
| 2. | Liquor on sale (Sunday) | 200.00 |
| 3. | Gambling location | 84.00 |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ 0.00

Business Information

Business Address: 1964, west university Ave, St. Paul, MN- 55104
Street City State Zip

Company Name: MINAL LLC Doing Business As: midway cafe & grill

Company Type: Corporation ☒ LLC Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 08/23/2023 Date of Anticipated Opening: _____

Mailing Address: _____
Street City State Zip

Business Phone #: 701-770-3649 Email Address: MRMRSOZA @GMAIL.COM

Applicant Information

Applicant Name: MINAL R OZA
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐

If no, who will operate it?

Operator Name: Rakesh Oza
First Middle Last

Home Address: [REDACTED]
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [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: IRISIK SAHIN
First Middle Last

Home Address: [REDACTED]
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

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

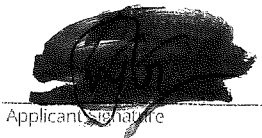
Title: _____ Email: _____

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.



Applicant Signature

Title

Date 11/30/2023