

20180000129



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): $\frac{1}{2} = 2397.50$

- a. liquor on sale 100 seats or less \$4,795.-
- b. liquor on sale Sunday \$200.-
- c. liquor outdoor service area (ratio) \$76.-
- d. liquor outdoor service area (sidewalk) \$35.-
- e. ~~Meat on sale (strong)~~ \$1,635.-
- f. ~~Wine on sale~~ \$1,976.00
- g. ~~Specialty Beverage~~ \$

\$2,708.50

Total: \$7,717.-

Business Information

Business Address: 1672 Grand Ave. St Paul MN 55105
Street City State Zip

Company Name: 1672 Grand LLC Doing Business As: Grand Catch

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 12 / 1 / 17 Anticipated Opening: 12 / 26 / 17

Mailing Address: 1672 Grand Ave. St. Paul MN 55105
Street City State Zip

Business Phone: 651.399.0886 Fax Number: —

Applicant Information

Applicant Name: Beth Marie Judeh
First Middle Last

Title: SECRETARY Date of Birth: —

Drivers License: — Email: —
State License #

Home Address: —
Street City State

Cell Phone: 651.399.0886 Alternate Phone: —

X

Supplemental Required Information

Are you going to operate this business personally?

Yes: X 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: X 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:

Goed ~~Wadi~~ Ali Wadi
First Middle Last

Title:

Treasurer

Email:

Home Address:

Date of Birth:

Phone:

Officer Name:

Sameh a.m. Wadi
First Middle Last

Title:

President

Email:

Home Address:

Date of Birth:

Phone:

Officer Name:

Rashed Fajez Wadi
First Middle Last

Title:

Email:

Home Address:

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

Secretary
Title

12.6.17
Date

Thien chi Ly

title vice president