



CITY OF SAINT PAUL
 Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101
 Phone: 651-266-8989
 Web: www.stpaul.gov/dsi

Received

AUG 31 2022

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
 This application is subject to review by the Public

Received
 Aug 31, 2022
 SEP 07 2022

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- a. Liquor On Sale - 100 seats or less \$ 4891.00
- b. Liquor On Sale Sunday \$ 200.00
- c. ~~Liquor Outdoor Service (sidewalk)~~ \$ ~~36.00~~
- d. Entertainment A \$ 253.00
- e. _____
- f. _____
- g. _____

Total: \$5344.00

Business Information

Business Address: 1571 Grand Ave St. Paul MN 55105
Street City State Zip

Company Name: Masooda Enterprises, Inc. Doing Business As: Bar Cart Lounge: Restaurant

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 4/18/86 Anticipated Opening: 12/1/22

Mailing Address:

Business Phone: 651-983-1316 Fax Number: _____

Applicant Information

Applicant Name: Masooda Sherzad
First Middle Last

Title: Owner Date of Birth: 1/1

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: Ralena Young
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.) ralena.barcart@gmail.com

Officer Name: Ralena Jo Young
First Middle Last

Title: Director/Owner Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: Emel Sherzadi
First Middle Last

Title: Owner 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

_____ CO-OWNER 8-31-22
Title Date