

20150003053



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):

- a. Rental hall 178
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 178 -

Business Information

Business Address: 627 Smith Ave S St Paul MN 55107
Street City State Zip

Company Name: International Event Center Doing Business As: Saint Paul Event Center

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: 10/08/2014 Anticipated Opening: 11/15/2015

Mailing Address: _____
Street City State Zip

Business Phone: 612 250 3237 Fax Number: _____

Applicant Information

Applicant Name: Mahamud Abdullahi Mahamed
First Middle Last

Title: Owner/President Date of Birth: _____

Drivers License: _____ Email: info@stpaulventcenter.com
State License #

Home Address: _____
Street City State Zip

Cell Phone: 612-250 3237 Alternate Phone: 612 232 2121

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 Muxubo Middle Last Elmoge

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:

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.

Applicant Signature

Title

Date

owner

09/26/15