

20240001343



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

Received
JUL 12 2024

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

City of Saint Paul - DSI
Types of License(s) being applied for:

Fee(s):

a.	Liquor on Sale 100 or less	\$5361
b.	Entertainment B	\$672
c.	Liquor on sale Sunday	\$200
d.		
e.		
f.		
B.		

Total: **\$6,233**

Business Information

Business Address: 1220 Rice St. St. Paul MN 55117
Street City State Zip

Company Name: Lucy Bar & Restaurant LLC Doing Business As: Ethiopian Mesob Restaurant

Company Type: Corporation Partnership Sole Proprietorship LLC

Date of Incorporation: 10/14/2016 Anticipated Opening: July 20th 2024

Mailing Address: [REDACTED]
Street City State Zip

Business Phone: 612-703-4169 Fax Number: mesob3915@gmail.com

Applicant Information

Applicant Name: Munaye A. Tesfeme
First Middle Last

Title: Owner Date of Birth: [REDACTED]

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

Home Address: [REDACTED]
Street City State Zip

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

Supplemental Required Information

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

If no, who will operate it?

Operator Name: Munaye Alemaw Tesfere
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: Adc Adane
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____

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 owner 6/26/2024
Title Date