



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. Liquor Outdoor Service Area (sidewalk) \$ 34.-
- b. Liquor Outdoor Service Area (patio) \$ 74.-
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 108.-

Business Information

Business Address: 1672 Grand Avenue - St. Paul, MN 55105
Street City State Zip

Company Name: d. hish LLC Doing Business As: Grand Central

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: / / Anticipated Opening: existing business

Mailing Address: 1672 Grand Avenue - St. Paul, MN 55105
Street City State Zip

Business Phone: 651-964-1012 Fax Number: _____

Applicant Information

Applicant Name: Beth Judeh
First Middle Last

Title: owner

Drivers License: _____ Email: bethjudehe@hotmail.com

Home Address: _____
Street

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: _____
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: ~~X~~

If manager is not the same as the operator, please complete the following information:

Manager Name: Rashed Favez Judeh
First

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: —NA—
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: —NA—
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: —NA—
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.

OWNER
2.28.16

Applicant Signature

Title

Date