

Cross N see attachment



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Web Site at www.stpaul.gov/dsi

CLASS R LICENSE APPLICATION
LICENSES ARE NOT TRANSFERRABLE
Payment must be received with Each Application
(This application is subject to review by the public)

Business Address (Street number/name, direction, etc.)	Name on Business Sign (DBA)	Date
512 N SNELLING AV.	Piassa LLC Market	07/22/13

Types of License(s) being applied for: (Office Use Only)	Fees
Cigarette Tobacco	431.00
MALT OFF SALE 3.2	191.00
Alarm Permit #21823	27.00
Total	649.00

Licensee/Owner Name: Esayas M. Sahle Owner Birth Date: 07/17/1984
(Responsible Party) First Middle Maiden Last Title

Have you used any other names?(list them here) _____

Home Address: 5337 Oliver Ave. N St. Paul MN 55430 Home Phone: 763-560-7064
Street Number/Name City State Zip+4

Place of Birth: Ethiopia Driver's License # H598057009322

Business Phone: 651-645-7488 Fax: 651-917-6447 E-Mail: emsahle@gmail.com

Company Name: Piassa LLC Circle Type: Corporation Partnership Sole Proprietorship

Address (If different from Business Address): _____
Street Number/Name City State Zip+4

Preferred Mailing Address: 512 Snelling Ave. N St. Paul MN 55104

Anticipated Date of Opening: ____/____/____

Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)
I have operated in this address for the past five years.