



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

240000267

**Class "N" License Application**

**LICENSES ARE NOT TRANSFERRABLE**

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

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- |    |                                               |                           |
|----|-----------------------------------------------|---------------------------|
| 1. | <u>Liquor On-Sale -101-180 Seats</u>          | <u>\$5,937.00</u>         |
| 2. | <u>Liquor On-Sale Sunday</u>                  | <u>\$200.00</u>           |
| 3. | <u><del>Liquor On-Sale 2 am closing</del></u> | <u><del>\$59.00</del></u> |
| 4. | <u>Malt On-Sale</u>                           | <u>\$712.00</u>           |
| 5. | <u>Entertainment B</u>                        | <u>\$672.00</u>           |
| 6. | <u>Gambling Location</u>                      | <u>\$84.00</u>            |
| 7. | <u>_____</u>                                  | <u>_____</u>              |

Total: \$~~000~~ 6893

**Business Information**

Business Address: 1625 University Ave. W St. Paul MN 55104  
Street City State Zip

Company Name: Dilla Sport Bar and Restaurant Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: March, 2024

Mailing Address: 1625 University Ave. W St. Paul MN 55104  
Street City State Zip

Business Phone #: 612-298-3803 Email Address: innovativeps512@gmail.com

**Applicant Information**

Applicant Name: Bekis Tufa  
First Middle Last

Title: Owner

Date of Birth: [REDACTED]

Drivers License: [REDACTED]  
State License #

Email: [REDACTED]

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:  No:   
If no, who will operate it?

Operator Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature: \_\_\_\_\_ Title: Owner Date: 02/19/24