



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. | <u>Malt on Sale Strong</u> | | <u>635 -</u> |
| b. | <u>Wine on Sale</u> | <u>1/2</u> | <u>988</u> |
| c. | <u>Entertainment A</u> | | <u>1976 -</u> |
| d. | <u>Entertainment B</u> | | <u>248 -</u> |
| e. | | | |
| f. | | | |
| g. | | | |

\$ 1,871

Total:

\$ 2,859

Business Information

Business Address: 490 N. Syndicate St. Saint Paul MN 55104
Street City State Zip

Company Name: Bole Ethiopian Cuisine LLC Doing Business As: Same

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 5/24/2017 Anticipated Opening: 06/01/2017

Mailing Address: 490 N. Syndicate St. St. Paul MN 55104
Street City State Zip

Business Phone: 651-917-9332 Fax Number: _____

Applicant Information

Applicant Name: Rekik A Meratsion
First Middle Last

Title: Owner

State: _____ License #: _____

Street: _____ City: _____ State: _____ Zip: _____

Alternate Phone: _____

Supplemental Required Information

2nd Applicant Information

Yes: X No: _____If no, who will operate it?

Operator Name: Solomon Nepash Haile
First Middle Last
Street _____ City _____ State _____ Zip _____

Are you going to have a manager or assistant in this business?

Yes: _____ No: XIf manager is not the same as the operator, please complete the following information: N/A

Manager Name:

First _____ Middle _____ Last _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth:

_____/_____/____/

Phone:

Please list all other officers of the corporation (Attach another sheet if applicable.) N/A

Officer Name: Solomon Nepash Haile
First Middle Last

Title: Owner _____

Home Address: _____
Street _____ City _____ State _____ Zip _____

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

Owners

Date

07/14/17