20170004834

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):** ~~$488~~ ~~468.5~~

a.	Wine on-sale	~~1937.97~~
b.	Malt on-sale (Strong)	~~622.63~~
c.	Entertainment (A)	248
d.		
e.	*6 months later $488 owed	
f.		
g.	$1,871	~~1590.15~~
	Total:	~~$2,559~~

Business Information

Business Address: 2585 7th street W (Street) St. Paul (City) MN (State) 55116 (Zip)

Company Name: Agelgil Ethiopian Restaurant LLC. Doing Business As: Same

Company Type: Corporation ✓ Partnership ____ Sole Proprietorship ____

Date of Incorporation: 10/27/2017 Anticipated Opening: / /

Mailing Address: 2585 7th street W (Street) St. paul (City) MN (State) 55116 (Zip)

Business Phone: 651-340-3291 Fax Number: ____

Applicant Information

Applicant Name: Tsegereda (First) Afilabachew (Middle) Cherinet (Last)

Title: owner/Manager Date of Birth: ____

Drivers License: ____ (State) ____ Email: ____

Home Address: (Street) (City) (State)

Cell Phone: Alternate Phone: ____

(Continued on back)

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 #: ____

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: ____

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

Officer Name: Tsegereda (First) Afilabachew (Middle) Cherinet

Title: owner/manager Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____ Phone: ____

Officer Name: Konjit (First) TESFAYE (Middle) KIDANE (Last)

Title: owner/Manager Email: ____

Home Address: ____ (Street / City / 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: Manager Date: 12/18/2017