

STATE OF MINNESOTA)  
) ss.

**AFFIDAVIT OF SERVICE BY U.S. MAIL**

COUNTY OF RAMSEY)

Shawn McDonald, being first duly sworn, deposes and says that on the 26<sup>th</sup> day of November, he served the attached **NOTICE OF INTENT TO SUSPEND LICENSE** and a correct copy thereof in an envelope addressed as follows:

Fasika Ethiopian Restaurant  
510 Snelling Avenue  
Saint Paul, MN 55104  
Attn: Atnafu Yeshidagne


Kate Mudge, Executive Director,  
1558 Minnehaha West,  
Saint Paul, MN 55104

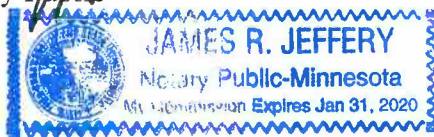
Atnafu Yeshidagna, President,  
10016 Pillsbury Avenue South,  
Bloomington, MN 55420

(which is the last known address of said person) depositing the same, with postage prepaid, in the United States mail at St. Paul, Minnesota.

  
Shawn McDonald

Subscribed and sworn to before me  
This 26<sup>th</sup> day of November 2019

  
\_\_\_\_\_  
Notary Public





CITY OF SAINT PAUL  
Mayor Melvin Carter

Civil Division  
400 City Hall  
15 West Kellogg Blvd.  
Saint Paul, Minnesota 55102

Telephone: 651 266-8710  
Facsimile: 651 298-5619

November 26, 2019

**NOTICE OF INTENT TO SUSPEND LICENSES**

Fasika Ethiopian Restaurant  
510 Snelling Avenue  
Saint Paul, MN 55104  
Attn: Atnafu Yeshidagne

RE: 2<sup>nd</sup> Half On Sale Wine license held by Fasika Inc. d/b/a Fasika Ethiopian Restaurant for the City of Saint Paul  
License ID #: 20010000419

Dear Licensee:

The Department of Safety and Inspections ("Department") will recommend suspension of the 2<sup>nd</sup> Half On Sale Wine license held by Fasika Inc. ("Licensee") for the premises known as Fasika Ethiopian Restaurant for the City of Saint Paul.

The Department asserts the following facts along with attachments herein constitute proof of a violation of Saint Paul Legislative Code §310.05 (m) (8) by a preponderance of the evidence.

**On October 9, 2019, you were sent a letter and RENEWAL INVOICE from the Department of Safety and Inspections indicating your Parking lot license fees were now delinquent.**

**You were told to pay the delinquent license and late fees by October 30, 2019 or adverse action would be taken. As of today, we have not heard from you.**

You have four (4) options to proceed:

1. If you do not contest the imposition of the proposed adverse action, you may do nothing. If I have not heard from you by **Tuesday, December 10, 2019**, I will presume that you have chosen not to contest the proposed adverse action, and the matter will be placed on the City Council Consent Agenda for approval of the proposed remedy.
2. You can pay the delinquent 2<sup>nd</sup> Half On Sale Wine license and late fees. **If this is your choice, you need to contact the Department of Safety and Inspections (651) 266-8989 to determine the total amount due.** You may then send the payment and information directly to DSI at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **Tuesday, December 10, 2019**. A self-addressed envelope is enclosed for your convenience. Payment of the delinquent Parking Lot license and late fees will be considered a waiver of the hearing to which you are entitled.

3. If you wish to admit the facts but contest the penalty, you may have a public hearing before the Saint Paul City Council, you will need to send me a letter with a statement admitting the facts and requesting a public hearing by **Tuesday, December 10, 2019**. The matter will then be scheduled before the City Council to determine whether to suspend your 2<sup>nd</sup> Half On Sale Wine license. You will have an opportunity to appear before the Council and make a statement on your own behalf.
4. If you no longer wish to do business in the City of Saint Paul, you will need to complete and return the attached REQUEST TO CANCEL LICENSE with the CITY OF SAINT PAUL to the Department of Safety and Inspections, at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **Tuesday, December 10, 2019**.

**If you have not contacted me by Tuesday, December 10, 2019, I will assume that you do not contest the suspension of your 2<sup>nd</sup> Half On Sale Wine license. In that case, the matter will be placed on the City Council Consent Agenda for approval of the recommended penalty.**

If you have questions about these options, please feel free to contact Shawn McDonald, my Legal Assistant at (651) 266-8729.

Sincerely,

Therese Skarda  
Assistant City Attorney  
License No. 0240989

Cc: Kate Mudge, Executive Director, 1558 Minnehaha West, Saint Paul, MN 55104  
Atnafu Yeshidagna, President, 10016 Pillsbury Avenue South, Bloomington, MN 55420

Attachments: October 9, 2019 letter with attached Renewal Invoice dated November 1, 2019  
REQUEST TO CANCEL LICENSE with the CITY OF SAINT PAUL  
STAMP- Ownership/Zoning Information  
Saint Paul Legislative Code § 310.05 (m)



CITY OF SAINT PAUL

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

October 9, 2019

Fasika Ethiopian Restaurant  
510 Snelling Ave N  
St Paul MN 55104

RE: License ID # 20010000419  
@ 510 Snelling Ave N

Dear Licensee:

Our records indicate that the above referenced license(s) which were issued to you have expired and are now delinquent. Renewal of the license(s) is required if you intend to engage in the licensed activity within the City of St Paul.

**You must complete the renewal of your license(s) by Oct 30, 2019 or we may submit your delinquent/expired license(s) to the City Attorney's office for adverse action.** To complete the renewal process, submit to this department payment of the renewal fee (including any late fees) and all required supporting documentation as stated on the enclosed invoice.

For your convenience, a copy of the referenced invoice and a self-addressed return envelope is enclosed. If you are no longer working within the City of Saint Paul, please advise our office of that information in writing.

If you have questions regarding this notice, or wish to dispute that your license is delinquent/expired, please contact our office at 651-266-8989, Monday through Friday, between 8:00 AM and 4:30 PM.

Sincerely,

Eric Hudak  
Licensing Manager  
Department of Safety and Inspections

Enclosure(s)



# Renewal Invoice

## CITY OF SAINT PAUL

☐ Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

November 1, 2019

Department of Safety and Inspections  
375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
PHONE: (651) 266-8989  
FAX: (651) 266-9124  
An Equal Opportunity Employer

FASIKA INC  
FASIKA ETHIOPIAN RESTAURANT  
CONTACT: ATNAFU YESHIDAGNE  
510 SNELLING AVE N  
ST PAUL MN 55104

**Invoice #** : 1071584

Invoice Due Date : Upon Receipt

Account Balance: \$1,223.00

**Pay this Amount: \$1,186.00**

HOME PHONE: 952-885-0520 BUSINESS PHONE: 651-646-4747

Transaction Description	Transaction Total
Inv: 1047513 010000419 Wine On Sale (Second Half) @ 510 SNELLING AVE N	988.00
Inv: 1070303 Late Fee 7-30 days late (10%)	99.00
Late Fee 31-60 days late (10%)	99.00
Requirements	<b>Invoice Amount Due: \$1,186.00</b>

Your account is overdue. Please mail payment today!!

Please complete the following information for your First Half renewal (disregard if invoice is for the 2nd half payment):

Company & DBA Names (if different than above): \_\_\_\_\_

Business Phone #s (include fax, cell, & pager if applicable): \_\_\_\_\_

Applicant Name, Date of Birth, Home Address, & Phone #s: \_\_\_\_\_

Manager Name, Date of Birth, Address & Phone #s: \_\_\_\_\_

Liquor is served in the following rooms: \_\_\_\_\_

\*For Wine On Sale licenses:

Submit current insurance

Send a copy of your state sales and use tax statements for the previous 12 months from the Department of Revenue for verification of gross food and beverage sales.

If sales were less than \$25,000 for the preceding year, insurance is not required. Licensee may submit an affidavit stating that sales were less than \$25,000.

Submit with first half payment only:

\*State Wine renewal certificate

\*Proof of current liquor liability insurance (expiration must coincide with your license expiration date) or waiver letter if your sales are less than \$10,000 per year and you do not hold an On Sale Malt (Strong Beer) license.

Your Taxpayer Identification is on file. Thank you.

Please Give Us Your Email Address: \_\_\_\_\_

Please Return this invoice with your payment!

**STAMP - Ownership / Zoning Information**[New Search](#)[Help using this report](#)**Run Date:** 11/18/19 11:31 AM**House#:** 510**Last updated from Ramsey County  
data on:** 07/07/2018**Street  
Name:** SNELLING

Click on "Other Application" links below to access GISmo, MapIT, and Ramsey County Info

1568 Sherburne Ave / 506 Snelling Ave N - Christo'S Bargain Store Inc / 508 Snelling Ave N - Jonah Oglamien / 510 Snelling Ave N - Fasika Ethiopian Restaurant - 55104-2329 - [Other Applications](#)

<b>PIN:</b> 342923230175	<b>Census Track:</b> 32100	<b>Census Block:</b> 1017	<b>Council Ward:</b> 4	<b>District Council:</b> 11
<b>Year Built:</b>	<b>Foundation Sq Feet:</b>	<b>Loan Company:</b> 00	<b>Land Value:</b> 90000	<b>Building Value:</b> 212000

**Unverified Usage:** 10- GENERAL RETAIL & SVC- B- Commercial**ISP:****Units:** 0**Zoning:** T4**Legal Desc:** LYMAN D. BAIRDS ADDITION LOT 7 BLK 4**Owner:**Fasika Inc  
510 N Snelling Ave  
St Paul MN 55104-2329**Certificate of Occupancy Responsible Party:**Fasika Inc.  
510 Snelling Ave N  
St Paul MN 55104-2329

Properties for Licensee Contact

Name Address Phone Email Groups

Street #: 10016  
 Street Name: PILLSBURY  
 Street Pre Direct: <All>  
 Street Type: AVE  
 Street Post Direct: South  
 Unit #:   
 Unit Abbrev:   
 P.O. Box #:   
 City: BLOOMINGTON  
 State: MN  
 Country: U.S.A.  
 Zip Code: 55420  
 Zip+4:

Inter Office Address:

Browse

☒ Override Formatted Address for Mailing

US Post Formatted Address:

Last Upload: 01/01/1997

OK

Cancel

Help

Save Changes to History ☒

Properties for Licensee Contact

Name | Address | Phone | Email | Groups |

Contact for Patron: FASIKA INC

Last Name: YESHIDAGNE

First Name: ATNAFU

Middle Initial:

Business Title: PRESIDENT

Preferred Method: MAIL

Maiden Name:

Date of Birth: 11/23/1961

SSN:

Driver's License #: Y-232-073-014-896

Last Check: 02/07/2001

Other Licensing Agency Name/License Type	License #	Expiration	Add
			Remove

OK

Cancel

Help

Save Changes to History ☒



REQUEST TO CANCEL LICENSE with the CITY OF SAINT PAUL

I/We, \_\_\_\_\_, respectfully request to withdraw

the following license(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application/Business address: \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_

\_\_\_\_\_  
Applicant(s) Printed Name, Signature and Title

\_\_\_\_\_  
Date

Please return this completed request by any of the following:

Mail            Dept. of Safety and Inspections  
                    Attn: D. LaCasse  
                    375 Jackson St, Ste 220  
                    Saint Paul MN 55101

E-Mail          [diane.lacasse@ci.stpaul.mn.us](mailto:diane.lacasse@ci.stpaul.mn.us)

FAX            651-266-9124

*Thank you*