

To whom it may concern,

I am writing to you as owner / operator of Agra Culture Highland Park, located at 721 Cleveland Ave S, to offer alcohol on my current sidewalk café. We have operated this location since November 2017 with a beer / wine license with zero violations. Due to Covid 19 we are making some operational challenges to ensure both a higher / safer customer experience plus hopefully higher levels of overall business. We are switching to full service with waiters / waitresses to ensure a controlled dining room for all customers and are requesting ability to offer alcohol on our sidewalk café.

I greatly appreciate your support in our efforts to maintain our viability during an extremely difficult time for all St Paul residents. I have been a Highland park resident for almost 20 years and feel confident our locals will enjoy these added service offerings.

If you have any questions please feel free to reach out to me directly via email / phone.

Thanks

Mikael Asp

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612.845.8938



Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division (AGED) 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3,2% Liquor license, or Sunday Liquor License

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Cities and Counties: license types:	ities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor cense types: 1) City issued on sale intoxicating and Sunday liquor licenses 2) City and County issued 3.2% on and off sale malt liquor licenses				
Name of City or Coun	ty Issuing Liquor Lic	cense RAMSE	VLicense Period From: O(0/09/20 To: 11/22/20	
Circle One: New Lic	ense License Tran		Suspension Revoc	ation Cancel	
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License type: (circle a	ll that apply) On f	Sale Intoxicating	Sunday Liquor 3.2% Or	sale 3.2% Off Sale	
Fee(s): On Sale License fee: \$\frac{1891}{891}\$ Sunday License fee: \$\frac{1}{200}\$ 3.2% On Sale fee: \$\frac{1}{200}\$ 3.2% Off Sale fee: \$\frac{1}{200}\$					
Licensee Name: As na Culture Habbland Parin LL DOR Social Security #					
."(coi	rporation, partnership, LI	C: or Individual)			
Business Trade Name	Agm CULT	UV2 E Busi	iness Address 73 \ CLEUFLA	WARD City STIPAUL	
Zip Code SS 116 Co	ounty NAMSFAL B	usiness Phone 613	-195-8938 Home Phone	c	
Home Address	· · · · · ·	City	Licensee's	MN Tax ID#	
Licensee's Federal Ta	ж ID #		•	(To Apply call 651-296-6181)	
		RS 800-829-4933)		•	
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(Partner/Officer Name (Fi	rst Middle Last)	ДОВ	Social Security #	Home Address	
Partner/Officer Name (First	it-Middle Last)	DOB	Social Security #	Home Address	
must contain all of the	following:	:	r Liability Insurance to this form. LC, etc) and business address as si	·	
2) Cover completely t	he license period set	by the local city or	county licensing authority as sho	wn on the license.	
Circle One: (Yes(No)	During the past yes	ar has a summons b	een issued to the licensee under th	c Civil Liquor Liability Law?	
Workers Compensatio	n Insurance is álso r	equired by all licens	sees: Please complete the following	ng:	
Workers Compensation	n Insurance Compar	ly Name: WFS	T BENN Policy#	A378523	
I Certify that this licer City Clerk or County		ved in an official n	lecting by the governing body of t	Date OLAV 20	
On Sale Intoxication application for the	g liquor licensees Buyers Card, ples	must also purchase call 651-201-7	ase a \$20 Refailer Buyers Car 504, or visit our website at w	d. To obtain the	
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