

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

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: a. Off Sale Mult Baol. Sale b c d e f Business information Business Address: 1097 fayne Aue Sand Paul Mw 55130 Street Zep Company Name: Shu Kawen groceny inc Doing Business As: Shu kann grokeny ince Company Type: Corporation V Partnership Sole Proprietorship Date of Incorporation: 4 / 5 / 19 Mailing Address: 1097 Payne Ave Sant Paul MW 55130 Street Street Sale Proprietorship Applicant Name: Fax Number: Fax Number: Drivers License: Stata License # Middle Date of Birth: Drivers License: Stata License # Alternate Phone: Alternate Phone:					
b. c. d	Types of License(s) being ap	oplied for:			Fee(s):
Business Information Business Address: Company Name: Site 1097 Payne Aul Sown Paul MV 55130 Company Name: Shu Klaven groven inc Company Type: Company Type: Corporation: Malling Address: Log 7 Payne Aul Swint Paul MW 55130 State 20 Partnership Sole Proprietorship Malling Address: Log 7 Payne Aul Swint Paul MW 55130 State 20 Anticipated Opening: 4 / 5 / 19 Business Phone: Fax Number: Applicant Information Applicant	а,	If Sale	mult		\$ <u>201,00</u>
d. e. f. g. Business Information Business Address: Street Company Name: Shu Khwen groceny inc Company Type: Company Type: Corporation Mailing Address: Log 7 Payne Ave Swint Pawl Modeling Auticipated Opening: 4 / 5 / 19 Mailing Address: Mailing Address: Applicant Information Applican	b				
Business Information Business Address: 1097 Payne Aul Sain Paul MW 55130 Company Name: Shu Klawen gracen inc Company Type: Corporation Partnership Sole Proprietorship Date of Incorporation: 4 / 5 / 19 Anticipated Opening: 4 / 5 / 19 Mailing Address: 1097 Payne Aul Saint Paul WW 95130 Business Phone: Fax Number: Applicant Information Applicant Name: Shu Klawen gracen inc Flat: Micale Last Title: Owner Date of Birth: Drivers License: State Ucense # Home Address:	с				
Business Information Business Address: 1097 Payne Aul Saind Paul MW 55130 Company Name: Shu Kawen grocen inc Doing Business As: Shu karen grocen inc Company Type: Corporation	d				
Business Information Business Address: D97 Payne Aue Sama Paul MW 55130	e		- 		<u>.</u>
Business Information Business Address: 1097 Payne Aul Since 210 Company Name: Shu Karen grown inc Company Type: Corporation Partnership Sole Proprietorship Date of Incorporation: 4/5/19 Malling Address: Business Phone: Applicant Information Applicant Name: First Title: Date of Birth: Drivers License: State License # Home Address: Log 7 Payne Aul Middle Last Date of Birth: Last Date of Birth: Last License # Home Address: State License # Livy	f				
Business Information Business Address: 1097 Payne Aul Sain Paul MW 55130 Street City State Zip Company Name: 5ku Klaven grocery inc Doing Business As: 5ku karen grocery inc Company Type: Corporation Partnership Sole Proprietorship Date of Incorporation: 4/5/19 Anticipated Opening: 4/5/19 Malling Address: 1097 Payne Aul Saint Paul WW 55130 Street City State Zip Business Phone: Fax Number: Applicant Information Applicant Name: 5ku Middle Last Title: 0wev Date of Birth: Drivers License: 1 Middle State Home Address: 1 License # Lic	g			<u> </u>	
Business Address: 1097 Payne Aul Sintel MW 55130 Company Name: Shu Klawen growing inc Doing Business As: Shukaran growing inclements inclement of incorporation: Date of incorporation: Malling Address: 1097 Payne Aul Sintel Paul WW 55130 Street City Shake Zip Business Phone: Applicant Information Applicant Name: Shu Title: Owner Date of Birth: Drivers License: State License # Home Address:					Total: \$ -
Company Name: Shu kawen grocery inc Company Type: Corporation Partnership Sole Proprietorship Date of Incorporation: 4 / 5 / 19 Anticipated Opening: 4 / 5 / 19 Mailing Address: 1097 Payne Aul Sunt Paul WW S 5130 Street City State Inst					6510-
Company Type: Corporation	Business Address: 10	97 Payne Aul	Sain	1 Paul	MW 55130 State Zlp
Date of Incorporation: 4 / 5 / 19 Malling Address: 1097 Payne Ave Saint Paul WW 55/30 Street City State Zip Business Phone: Fax Number: Applicant Information Applicant Name: 5 M Title: Cwnev Date of Birth: Drivers License: 5 Mall: Home Address:	Company Name: <u>Sh</u>	when growing	inc Doln	g Business As: Shu	Koren grown the
Malling Address: LO97 Payne Ave Saint Paul NW 55130 Business Phone: Applicant Information Applicant Name: Shu First Title: Owner Drivers License: State License # Home Address:	Company Type:	Corporation	Partnersh(p	Sole	Proprietorship
Applicant Information Applicant Name: Shu				•	
Applicant Information Applicant Name: Shu Lav First Middle Last Title: Owner Date of Birth: Drivers License: State License # Home Address:	Malling Address: LO	17 Payne Ave	San'	t Paul	MW 55130 State Zip
Applicant Name: Shu Last Title: Owner Date of Birth: Drivers License: State License # Home Address: License #	Business Phone:			Fax Number:	
Title: Dune V Date of Birth: Drivers License: .mall:					
Drivers License: State License # Home Address:	Applicant Name:	hy	Middle	Lav	
Home Address:	Title:)wnev	·	Date of Birth:	
LIIY ATT		te License #	.mall:		· · ·
Cell Phone: Alternate Phone:	Home Address:		- Lity	-	,
	Cell Phone:		Alte	ernate Phone:	-

Supplemental Required	l Inform	nation				٨		**
Are you going to operate	hls busi	ness perso	nally?	Yes:	No:			
If no, who will operate it?								
Operator Name:	First			Middle		Last		
Home Address:								Zlp
Date of Birth:	Street				City Phone #:		State	Ζίρ
Are you going to have a m	anager o	or assistan	t in this business?	•	Yes:	No:		
If manager is <u>not</u> the same	e as the	operator,	please complete t	he following informat	on:			
Manager Name:	First		·	Middle		Last		
Home Address:	riist			Wildlie		2071		
Date of Birth:	Street	1	/		Phone:	-	State	Zlp
Please list all other of	ficers o	f the cor	poration (Attac	ch another sheet if	applicable.)			
Officer Name:	First			Middle		Last		
Title:								
Home Address:								
Home Andress.	Street				City		State	Zip
Date of Birth:					Phone:			
Officer Name:								
Title:	First			Middle Email:		Last		
Home Address:								**
Date of Birth:	Street		/		City Phone:		State	Zlp
Officer Name:	First			Middle		Last		
Title:				Email:				
Home Address:					20.		State	Zip
Date of Birth:	Street	/	/		City Phone:		3(d)e	·
FALSIFICATION OF ANS	MEDS G	=	MATERIAI SURM	MITTED WILL RESULT	IN DENIAL OF	APPLICATION.		
I hereby state that I have and belief.							d correct to the l	pest of my knowledge
_				()	ner		8/14	lia
Applicant Signature				Title			Date	<u> </u>