

20190002727



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. Off Sale Malt \$201.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ -

Business Information

Business Address: 1097 Payne Ave Saint Paul MN 55130
Street City State Zip

Company Name: Shu Karen grocery inc Doing Business As: Shu Karen grocery inc

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 4 / 5 / 19 Anticipated Opening: 4 / 5 / 19

Mailing Address: 1097 Payne Ave Saint Paul MN 55130
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Shu Lav
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____ State License # e-mail: _____

Home Address: _____ City

Cell Phone: _____ Alternate Phone: _____

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:

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:

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

Owner

Date

8/14/19