

**SAINT PAUL**  
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

1. ~~ON-SALE MACT (HARD)~~ [25,361.00]
2. LIQUOR ON SALE 100 OR LESS \$2,680.50
3. LIQUOR ON SALE SUNDAY 100.00
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Total: \$ 0.00

**Business Information**Business Address: 1145 SNEELING AVE N SAINT PAUL MN 55108  
Street City State Zip

Company Name: SAINT BARK Doing Business As: SAME

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: TBD

Mailing Address: 1145 SNEELING AVE N SAINT PAUL MN 55108  
Street City State Zip

Business Phone #: (651) 808-3773

Email Address: \_\_\_\_\_

**Applicant Information**Applicant Name: ZIMARO ORWUGBA  
First Middle

Title: OWNER

Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

## Supplemental Required Information

Are you going to operate this business personally?  
If no, who will operate it?

Yes: ☒

No: ☐

Operator Name:

First Middle Last

Home Address:

Street City State Zip

Date of Birth: Phone #: Email Address:

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 #: Email Address:

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. I also hereby state that I have provided a completed District Council Notification Form to the district council my business will operate.

OWNER

Title

7/1/25

Date