

Received

AUG 08 2023



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsj](http://www.stpaul.gov/dsj)

**Class "N" License Application**

**LICENSES ARE NOT TRANSFERRABLE** City of Saint Paul - DSI

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.	Liquor on Sale 291 or more seats	5882.00
2.	Liquor on Sale - Sunday	200.00
3.	Liquor on Sale - 2 AM Closing	55.00
4.	Liquor <del>on</del> outdoor Patio	79.00
5.	Gambling Location	78.00
6.	Entertainment (A)	253.00
7.		

Total: \$ 0.00 **6547.00**

**Business Information**

Business Address: 174 7<sup>th</sup> St W St. Paul MN 55102  
Street City State Zip

Company Name: ZBAM LLC Doing Business As: ZAMBONIS ON 7<sup>th</sup>

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 6/2023 Date of Anticipated Opening: 10-30-23

Mailing Address: 174 7<sup>th</sup> St W St Paul MN 55102  
Street City State Zip

Business Phone #: 651-928-6462 Email Address: greg.awada@gmail.com

**Applicant Information**

Applicant Name: GREGORY GEORGE AWADA  
First Middle Last

Title: Co-OWNER Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]  
State License #

Home Address: [REDACTED]  
Cell Phone #: [REDACTED]



**Supplemental Required Information**

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

Operator Name: Greg Awada (George)  
Home Address: [REDACTED]  
Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

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: Kristi Lee Bruner  
First Middle Last  
Title: President Email: \_\_\_\_\_  
Home Address: [REDACTED]  
Date of Birth: [REDACTED]

Officer Name: Greg Awada (George)  
First Middle  
Title: Treasurer Email: [REDACTED]  
Home Address: [REDACTED] State Zip  
Date of Birth: [REDACTED]

Officer Name: Tim Mahoney Cronin  
First Middle Last  
Title: Secretary Email: [REDACTED]  
Home Address: [REDACTED]  
Date of Birth: [REDACTED]

**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 representing the planning district in which my business will operate.

[REDACTED] \_\_\_\_\_  
Title Date Treasurer 8/2/23