



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint 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. | Dance or Rental Hall | 497 |
| 2. |                      |     |
| 3. |                      |     |
| 4. |                      |     |
| 5. |                      |     |
| 6. |                      |     |
| 7. |                      |     |

**Total:** \$ 497.00

#### Business Information

**Business Address:** 125 9th St E Saint Paul MN 55101  
Street City State Zip

**Company Name:** Abrazar LLC **Doing Business As:**

**Company Type:** Corporation  Partnership  Sole Proprietorship

**Date of Incorporation:** 11/03/2022 **Date of Anticipated Opening:** 11/16/2023

**Mailing Address:** 125 9th St E Saint Paul MN 55101  
Street City State Zip

**Business Phone #:** (651) 443-8883 **Email Address:** info@abrazarevents.com

#### Applicant Information

**Applicant Name:** Cynthia Dara Harrison  
First Middle Last

**Title:** President **Date of Birth:** [REDACTED]

**Drivers License:** [REDACTED] **Email:** cyndy@sawatdee.com  
State License #

**Home Address:** [REDACTED]  
Street City State Zip

**Cell Phone #:** [REDACTED] **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 #: \_\_\_\_\_ 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: Dorys \_\_\_\_\_ Kulczycki \_\_\_\_\_  
First Middle Last

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

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Jennifer \_\_\_\_\_ Tippaya \_\_\_\_\_ Reilly \_\_\_\_\_  
First Middle Last

Title: Vice President \_\_\_\_\_ 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

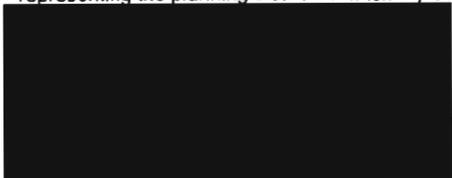
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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 representing the planning district in which my business will operate.



President  
Title

10/31/23  
Date