

Liz. # 2024 0001530

**SAINT PAUL**
SAFETY & INSPECTIONSSaint 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.

This application requires District Council notification prior to submission.**Types of License(s) being applied for:****Fee(s):**

1. 3.2 off sale	225
2. gas station	154
3. tobacco <i>Shop</i>	535
4.	
5.	
6.	
7.	

Total: \$ 914.00**Business Information**

Business Address:	589 dale st n	st paul	mn	55103
Street		City	State	Zip

Company Name:	ikesgas	Doing Business As:	speedy market
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Company Type:	<input checked="" type="radio"/> Corporation	<input type="radio"/> Partnership	<input type="radio"/> Sole Proprietorship
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Date of Incorporation:	07/11/2024	Date of Anticipated Opening:	10/01/2024
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Mailing Address:	589 dale st n	st paul	mn	55103
Street		City	State	Zip

Business Phone #:	(651) 228-1329	Email Address:	ikesgas@gmail.com
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Applicant Information

Applicant Name:	kouzhaya	suhyoun
First	Middle	Last

Title:	owner	Date of Birth:	
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Drivers License:		Email:	
State	License #		

Home Address:		City	State	Zip
Street				

Cell Phone #:		Alternate Phone #:	
Phone		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: _____
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 #: _____

10/20/2023

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.

Applicant Signature



Owner
Title

08/25/2024
Date