

Lic. # 2024 0001530


**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. | 3.2 off sale | 225 |
| 2. | gas station  | 154 |
| 3. | tobacco shop | 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

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 07/11/2024 Date of Anticipated Opening: 10/01/2024

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

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

**Applicant Information**

Applicant Name: kouzhaya suhyoun  
First Middle Last

Title: owner

Date of Birth: [REDACTED]

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

Home Address: [REDACTED]  
City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

**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 #:

**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's

owner

Title

08/25/2024

Date