20240000094

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint 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.

Types of License(s) being applied for:		Fee(s):
a.	Liquor on Sale - 100 seats or less	$5,361.00
b.	Liquor on Sale - Sunday	$200.00
c.	Liquor-Outdoor Service Area (Sidewalk)	$40.00
d.		
e.		
f.		
g.		
	Total:	$ $5,601.00 -

Business Information

Business Address: 790 Grand Ave (Street) Saint Paul (City) MN (State) 55105 (Zip)

Company Name: WAID Restaurant Group, Inc **Doing Business As:** Hyacinth Restaurant

Company Type: Corporation ____ Partnership X Sole Proprietorship ____

Date of Incorporation: 09 / 01 / 2023 **Anticipated Opening:** 12 / 15 / 2024

Mailing Address: [redacted] (Street / City / State / Zip)

Business Phone: [redacted] **Fax Number:** N/A

Applicant Information

Applicant Name: Abraham (First) Yigizew (Middle) Gessesse (Last)

Title: Partner/Chef **Date of Birth:** [redacted]

Drivers License: [redacted] **Email:** [redacted]

Home Address: [redacted] (Street / City / State / Zip)

Cell Phone: [redacted] **Alternate Phone:** N/A

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: ____

If no, who will operate it?

Operator Name: ____ (First / Middle / Last)

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____/____/____ Phone #: ____

Are you going to have a manager or assistant in this business? Yes: ____ No: X

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: ____

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

Officer Name: Admas (First) Getachew (Middle) Molla (Last)

Title: Partner Email: [redacted]

Home Address: [redacted]

Date of Birth: [redacted]

Officer Name: Dawit (First) Mulugeta (Middle) Alene (Last)

Title: [redacted]

Home Address: [redacted]

Date of Birth: [redacted] Phone: [redacted]

Officer Name: Imran (First) Ayub (Middle) Manjlai (Last)

Title: Partner, Back End Email: [redacted]

Home Address: [redacted]

Date of Birth: [redacted] Phone: [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.

[redacted] Partner/Chef 11/07/2023

Applicant Signature Title Date