

Received

230001888

OCT 05 2023

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE



SAINT PAUL SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989 City of Saint Paul - DSI
Web: www.stpaul.gov/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 off sale 1500 1398
2. Cigarette / Tobacco 535 495
3. TOBACCO SHOP
4.
5.
6.
7.

Total: \$0.00 2035 1893

Business Information 1047 Hudson Rd, St Paul, MN 55106

Mailing: Business Address: 1920 Central Ave NE STE 222 Mpls MN 55418

Company Name: Liquor Liquidator Inc Doing Business As: N/A

Company Type: Corporation [checked] Partnership [] Sole Proprietorship []

Date of Incorporation: 01-25-2011 Date of Anticipated Opening: 11-1-2023

Mailing Address: 1920 Central Ave NE STE 222 Mpls MN 55418

Business Phone #: 651-235-8972 Email Address: [redacted]

Applicant Information

Applicant Name: Pavel A Sakurets

Title: CEO Date of Birth: [redacted]

Drivers License: [redacted] mail: [redacted]

Home Address: [redacted]

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: Pavel A Sakurets

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: N/A
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.



[Redacted] Title COO Date 10-5-13