SAINT PAUL
SAFETY & INSPECTIONS

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.

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 (Street) Saint Paul (City) MN (State) 55101 (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 (Street) Saint Paul (City) MN (State) 55101 (Zip)

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

Applicant Information

Applicant Name: Cynthia (First) Dara (Middle) Harrison (Last)

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

Drivers License [redacted] (State License #) **Email:** cyndy@sawatdee.com

Home Address [redacted] (City State Zip)

Cell Phone #: [redacted] **Alternate Phone #:** _____

(Continued on back)

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 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: [redacted]

Date of Birth: [redacted] **Phone #:** [redacted] **Email Address:** [redacted]

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:** [redacted]

Home Address: [redacted]
Street City State Zip

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

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] President 10/31/23
Title Date