



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

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

Applicant Information

Applicant Name: Cynthia Dara Harrison
First Middle Last

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

Drivers License: [REDACTED] **Email:** cyndy@sawatdee.com
State License #

Home Address: [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] **Alternate 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: Dorys Kulczycki
First Middle Last

Home Address: _____

Date of Birth: _____ Phone #: _____ Email Address: _____

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: _____

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

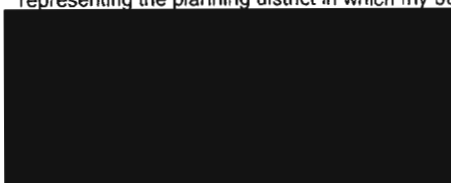
Title: _____ Email: _____

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.



President
Title

10/31/23
Date