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**SAINT PAUL**
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101 City of Saint Paul - DSI
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. Liquor Off-Sale 1500
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: **\$ 1,500.00****Business Information**Business Address: 129 State Street South, Ste A St. Paul MN 55107
Street City State ZipCompany Name: GB License, LLC Doing Business As: GopuffCompany Type: Corporation ☐ ☒ LLC Partnership ☐ Sole Proprietorship ☐Date of Incorporation: 01/24/2019 Date of Anticipated Opening: 03/01/2024Mailing Address: 537 N 3rd Street Philadelphia PA 19123
Street City State ZipBusiness Phone #: (484) 352-3079 Email Address: beverages@gopuff.com**Applicant Information**Applicant Name: Yakir Aaron Gola
First Middle LastTitle: President and SecretaryDate of Birth: [REDACTED]Drivers License: [REDACTED] Email: [REDACTED]
State License #Home Address: [REDACTED]
Street City State ZipCell 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: Thomas Frederick Sharp, Jr.
First Middle Last

Home Address: [Redacted]
Street City State Zip

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: Same as above.
First Middle Last

Home Address: [Redacted] MN
Street City State Zip

Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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

Officer Name: Rafael NMN Ilishayev
First Middle Last

Title: CEO, Treasurer & Asst Sec Email: [Redacted]

Home Address: [Redacted]
Street City State Zip

Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Yakir Aaron Gola
First Middle Last

Title: President & Secretary Email: beverages@gopuff.com

Home Address: [Redacted]
Street City State Zip

Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: [Redacted]
First Middle Last

Title: [Redacted] Email: [Redacted]

Home Address: [Redacted]
Street City State Zip

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. 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

[Redacted Signature]

President & Secretary

Title

12/18/2023

Date