

SEP 28 2021



**CITY OF SAINT PAUL**  
 Department of Safety and Inspections  
 375 Jackson Street, Suite 220  
 Saint Paul, Minnesota 55101  
 Phone: 651-266-8989  
 Web: [www.stpaul.gov/dsi](http://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 4,891.00
- b. Liquor on sale - sale Sunday 200.00
- c. ~~Malt on sale (strong)~~ ~~649.00~~
- d. ~~Wine on-sale~~ ~~2,000.00~~
- e. Entertainment A 253.00
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$7993.00

**Business Information**

Business Address: 1332 Grand Avenue St. Paul MN 55105  
Street City State Zip

Company Name: Em Que Viet LLC Doing Business As: Em Que Viet Restaurant & Bar

Company Type: Corporation \_\_\_\_\_ Partnership  Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 3 / 23 / 2021 Anticipated Opening: 12 / 13 / 2021

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: Maria Nam Nguyen  
First Middle Last

Title: COO Date of Birth:  / /

Drivers License: \_\_\_\_\_  
state license #

Home Address: \_\_\_\_\_  
Street City

Cell Phone: \_\_\_\_\_ 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 #: \_\_\_\_\_

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: Brianna Le  
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: Brianna Le  
First Middle Last

Title: CEO Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Maria Nguyen  
First Middle Last

Title: COO Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: Kyle Le  
First Middle Last

Title: CDO 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.

\_\_\_\_\_  
Title COO Date 9.14.21