



**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 outdoor service area (Patio) \_\_\_\_\_
- b. Liquor outdoor service area (side walk) \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ -

#### Business Information

Business Address: 1332 Grand Avenue St. Paul MN 55108  
Street City State Zip

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

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

Date of Incorporation: 3 / 23 / 2021      Anticipated Opening: ~~12 / 13 / 2021~~ 07 / 07 / 22

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

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

#### Applicant Information

Applicant Name: Maria Mam Nguyen  
First Middle Last

Title: President/COO/CFO      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Drivers License: \_\_\_\_\_      Email: \_\_\_\_\_  
State License #

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

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:

Briana 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:

Briana 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:

President / COO / CFO 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.

President / COO / CFO 6.15.22  
Title Date