

2022 000 1200

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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

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. off sale liquor

b. Cigarette / Tobacco

c. ~~Alarm permit~~

d. _____

e. _____

f. _____

g. _____

Received

JUL 18 2022

City of Saint Paul - DSI

1398-
~~\$1377.00~~

\$488.00 ~~495~~

~~\$39.00~~

1893.00

Total:

\$1904.00

Business Information

Business Address: 289 McKnight Rd. S. St Paul MN 55119
Street City State Zip

Company Name: Golden Liquor, LLC Doing Business As: Shamrock Plaza Liquors

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 08 10 2022 Anticipated Opening: 08 10 2022

Mailing Address: 289 McKnight Rd. S. St Paul MN 55119
Street City State Zip

Business Phone: 651-731-1188 Fax Number: _____

Applicant Information

Applicant Name: Jason Yang
First Middle Last

Title: Owner Date of Birth: 1 / 1

Drivers License: _____ .mail: goldenliquor01@gmail.com
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: JASON Yang
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: 651-347-7748

Are you going to have a manager or assistant in this business? Yes: _____ No: X

If manager is not the same as the operator, please complete the following information:

Manager Name: _____
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: _____
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: _____

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.

[Signature]
Applicant Signature

owner
Title

7/18/22
Date