



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. 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 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: 07 / 07 / 22
~~12 / 13 / 2021~~ *MR*

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: _____ State License #: _____ Email: _____

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