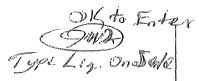
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CITY OF SAINT PAULDepartment of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101 Phone: 651-266-8989

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 Licer	nse(s) be	eing applied for:			Fee(s):	
a.	Liquo	r On-Sale – 100 seats or 7	ess			\$4,891.00
ь.	Liquor	On-Sale Sunday				\$200.00
c.	Entert	ainment A				\$253
d.						-
e.						
f.					and the second s	
g,	**********					
8.	<u> </u>					\$ 5,344 -
					Total:	\$ 3,344 -
Business Info	rmation		CC447			
Business Address:		879 Rice St. St. Paul MN Street	2211/	City	Stat	e Zip
Company Name;		Sachoua and Houa LLC		Doing Business As:	Smokin' Ninj	•
Company Type:		Corporation	Partnership	×	Sole Proprietor	ship
Date of Incorporation:		09/01/2020 /		Anticipated (pening:		193101/20
Mailing	Address:					
Busines	ss Phone:	Street 6513355453		City Fax Number:	Stat	e Zlp
Applicant Info	ormatio	1				
	nt Name:	Sachoua			Vang	
• •		First Co-owner	Middle	Date of Birth:	Last	/
Drivers L		Particular and the Assessment of the Assessment	 Email:			
		State License #	to and al			
		Street		City	State	a Zip
				Alternate Phone:		

	illena elli	sas herani	nally?	Yes: X	No:			
f <u>no</u> , who will operate it?								
Operator Name:	First			Middle		Last		
Home Address:								
Date of Birth:	Street	/	/		City Phone #:		State	Zip
	- Surface of Surface of Co.		Colonia Samuel Samuel Samuel Colonia Pro-	- Anne gamen	36	81	x	
Are you going to have a m If manager is not the same	_				Yes:	No:		
Manager Name:	o go citic of	aciarai) h	deane coubie	ce rue following fillion	nasgn.			
	First			Middle		Last		
Home Address:	Street				City		State	Žip
Date of Birth:		_/	1		•			·
Please list all other of		_	poration (At	ttach another shee	t if applicable.)	•		
Officer Name:	Houa V	/ang	h-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
Títle:	First Co-ov			Middle Emai	le	Last		
Titles	-			Lilla				
Home Address:	Street				City		State	Zip
Date of Births					Phone:			•
	*							
Officer Name:	First			Middle		Last		
Title:				Emal	l:	Addresia de la Calaba de Calaba	Announter announce and a second	
Home Address:								
	Street				City		State	Zip
Date of Birth:			/		Phone:			
Officer Name:								
	First		· · · · · · · · · · · · · · · · · · ·	171100000		Last		
Title:				Emai	l:			
Home Address:		·						
Para af Blast.	Street	,	1	-	City Phone:		State	Zīp
Date of Birth:					rnone:			