

20220001200

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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](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. off Sale Liquor

b. Cigarette / Tobacco

c. ~~Alarm permit~~

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

Received

JUL 18 2022

City of Saint Paul - DSI

\$1398.00

\$488.00 495

\$39.00

1893.00

Total:

\$1904.00

### Business Information

Business Address:

289 McKnight Rd. S. St Paul

MN

55119

Company Name:

Golden Liquor, LLC

Doing Business As:

Shamrock Plaza Liquors

Company Type:

Corporation

X

Partnership

Sole Proprietorship

Date of Incorporation:

08 / 01 / 2022

Anticipated Opening:

08 / 01 / 2022

Mailing Address:

289 McKnight Rd. S. St Paul

MN

55119

Business Phone:

651-731-1188

Fax Number:

### Applicant Information

Applicant Name:

Jason

Yang

Title:

Owner

Date of Birth:

1 / 1 / 1988

Drivers License:

[Redacted]

e-mail:

goldenliquor01@gmail.com

Home Address:

[Redacted]

Cell Phone:

[Redacted]

Alternate Phone:

[Redacted]

(Continued on back)

**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.

Applicant Signature: [Signature]

Title: owner

Date: 7/18/22