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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.					
	lied for: le Liquer te/Tobacco permit	Received JUI 1.8 2022 City of Saint Paul - DSI	Fee(s): 1398- \$1377.00 \$488.0049 \$39.00 1893.00 Total: \$1904.00				
Company Type: Date of Incorporation:	101 1 2022	City	NN 55119 State Zip amrock Plaza Liguors ole Proprietorship 5 /01 /2022 MN 55119 State Zip				
Applicant Information Applicant Name: Title:	, nev	Middle Last Date of Birth: .mail: golden Liquoro	<u> </u>				

(Continued on back)

Are you going to operate this business personally? Yes: No:	Supplemental Required	Information						
If gg, who will operate in? Operator Name: Yes: Ye			1ly?	Yes: 🗙	No:			
Operator Name: USBN USBN Home Address: State: 200 Date of Birth:					-			
Home Address: The transage is got the same as the operator, please complete the following information: No: X Manager Name: If manage is ingo the same as the operator, please complete the following information: No: X Manager Name: If manage is ingo the same as the operator, please complete the following information: No: X Manager Name: If manage is ingo the same as the operator, please complete the following information: No: X Manager Name: If manage is ingo the same as the operator, please complete the following information: No: X Manager Name: If manage is ingo the same as the operator, please complete the following information: No: X Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: If manage is ingo the same as the operator of the corporation (Attach another sheet if applicable.) Officer Name: If the image is ingo the same as the operator of the corporation (Attach another sheet if applicable.) Officer Name: If the image is ingo the same as the operator of the corporation (Attach another sheet if applicable.) Officer Name: If the image is ingo the same as the operator of the corporation (Attach another sheet if applicable.) Officer Name: If the image is ingo the same as the operator of the preceding upstow and that the information contalaned herein is true and correct to the be	Operator Name:	Tason				Yang		
Steet Ord State Zp Date of Birth:	Home Address:	First		Middle		Last V		
Are you going to have a manager or askitumt in this business? Yes: No: X If manager is not the same as the operator, please complete the following information: Manager Name: X Home Address: Thit Middle Last Jose of Birth: / Phone: Zip Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name:	rionie Address, a	Street		•	•		State	Zip
If manager is not the same as the operator, please complete the following information: Manager Name: Imit Mode: Last Home Address: Steat: City Date of Birth: / Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name:	Date of Birth:	<u> </u>			Phone #:	051-347-7	748	
Manager Name: First Model Last Bate of Birth:	Are you going to have a m	nanager or assistant i	n this business?		Yes:	No:	<u>X</u>	
Flat Niddle Lat Hone Address: Gry State Zip Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name:	If manager is <u>not</u> the sam	e as the operator, ple	ase complete the	following informat	ion:			
Home Address: State Zp Plesse list all other officers of the corporation (Attach another sheet if applicable.) Officer Name:	Manager Name:	First	4.0. 	NAT J-11-		1		
Date of Birth: / Phone:	Home Address:			Middle		Last		
Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: Hat Home Address: Street: Officer Name: Iffict Modele Last Date of Birth: Iffict Modele Street: Officer Name: First Modele Iffict Middle Iffict Officer Name: First Officer Name: Iffict Officer Name: Officer Name: Iffict Officer Name: Iffict Iffict Officer Name: Iffict Iffict Officer Name: Iffict Iffict <td>Date of Birth:</td> <td></td> <td>1</td> <td></td> <td>•</td> <td></td> <td></td> <td>•</td>	Date of Birth:		1		•			•
Officer Name: First Middle Last Home Address: Steet Zip Date of Birth: / Phone:	2010 C. 20100	······································						
Title:			·		applicabl			
Home Address: State Zlp Date of Birth: / Phone:	Title:							
Street City State Zip Date of Birth: / Phone:	Uswo Addrosov							
Officer Name: First Middle Last Title:	nome Autress.	Street			City		State	Zip
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Home Address: Street City State Zip Date of Birth: Phone:	omeer numer	First		Middle		Last		
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Date of Birth: / / Phone: Officer Name: First Middle Last Title: Email:	Home Address:							
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First Middle Last Title: Email:	Officer Name:							
Home Address: Street City State Zip Date of Birth: / Phone:		First				Last	,	
Street City State Zip Date of Birth: / Phone:	Title:			Email:				
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. 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.	Home Address:	Charles I.			Chu		24.1	77.2
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.	Date of Birth:	Street	/		-		State	21p
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.								
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Applicant signature Title Date		X			OW		(8	122
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