



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: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

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

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

Title:

CEO

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

____ / ____ / ____

Phone:

Officer Name:

Maria

Nguyen

Title:

President / COO / CFO

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

____ / ____ / ____

Phone:

Officer Name:

Kyle

Le

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.

Title

President / COO / CFO

Date

6.15.22