

240001056



**SAINT PAUL**  
SAFETY & INSPECTIONS

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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- |    |                                     |        |
|----|-------------------------------------|--------|
| 1. | Liquor On-Sale – 100 seats or less  | \$5361 |
| 2. | Liquor On-Sale Sunday               | \$200  |
| 3. | Liquor Outdoor Service Area (Patio) | \$85   |
| 4. | _____                               | _____  |
| 5. | _____                               | _____  |
| 6. | _____                               | _____  |
| 7. | _____                               | _____  |

**Total:** \$ 5,646.00

#### Business Information

Business Address: 799 University Ave W St Paul MN 55404  
Street City State Zip

Company Name: Khue's Kitchen LLC Doing Business As: Khue's Kitchen LLC

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 02/17/2022 Date of Anticipated Opening: 08/01/2024

Mailing Address: 799 University Ave A St Paul MN  
Street City State Zip

Business Phone #: (612) 723-0821 Email Address: khueskitchen@gmail.com

#### Applicant Information

Applicant Name: Eric X Pham  
First Middle Last

Title: Chef/Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

### 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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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: \_\_\_\_\_  
First Middle Last

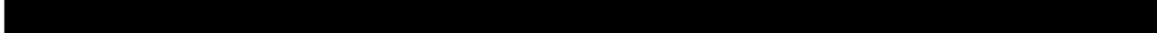
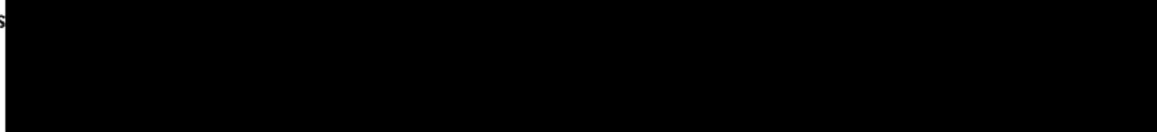
Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Khue X Pham  
First Middle Last

Title: Chef/Owner Email: 

Home Address:   
Date of Birth: 

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.



Owner  
Title

06/17/2024  
Date