



**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. Restaurant License
2. Side-walk cafe license Liquor-Outdoor Service Patio 79.00
3. Remodel or addition plan review
4. Liquor on-sale license 100 Seats or Less 4891.00
5. Liquor On Sale - Sunday 200.00
6. \_\_\_\_\_
7. \_\_\_\_\_

Total: \$0.00 \$5170.00

**Business Information**

Business Address: 1328 Grand Avenue St Paul MN 55105  
Street City State Zip

Company Name: Sohn Hee Eateries, LLC Doing Business As: Best of Best Quality Korean Fried Chicken

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 3/8/23 Date of Anticipated Opening: 6/1/23

Mailing Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip

Business Phone #: (763) 458-0065 Email Address: Ekrouse@bbdotqmn.com

**Applicant Information**

Applicant Name: Emily Kyeong Krouse  
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED] Email: Ekrouse@bbdotqmn.com  
State License #

Home Address: 1176 Elysium Ave Apple Valley MN 55124  
Street City State Zip

Cell Phone #: (763) 458-0065 Alternate Phone #: \_\_\_\_\_

[REDACTED]  
[REDACTED]  
[REDACTED]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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: Juan Martin Rosas Rodriguez  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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 business will operate.

\_\_\_\_\_  
Owner Title  
03/19/2023  
Date