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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

DEC 07 2022 Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE
City of Saint Paul - DSI

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 On-Sale -100 seat or less \$4,891.00
- b. Liquor On-Sale Sunday \$200.00
- c. Liquor On-Sale 2am closing \$54.00
- d. Liquor Outdoor Service Area (Sidewalk) \$36.00
- e. Gambling Location \$78.00
- f. _____
- g. _____

Total: \$5,258.00

Business Information

Business Address: 191 7th E. St. Paul MN 55101
Street City State Zip

Company Name: #1 Gameday LLC Doing Business As: #1 Gameday

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: _____ Anticipated Opening: 1 10 123

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Manyvone Keomanyvong
First Middle Last

Title: Owner Date of Birth: 02 15 1977

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes: X 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:

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.

Maryna Kyryung
Applicant Signature

Owner
Title

12/5/22
Date