

Saint Paul, Minnesota 55101 Phone: 651-266-8989 Web: <u>www.stpaul.gov/dsi</u>

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LICENSES ARE NOT TRANSFERRABLE

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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. Liawar OpSale	100 Seats a	orless	5,361.00
1. Liquor On Sole 2. Liquor On Sale -	Sunday		200. "
3. Liquar Outdoor	Service A	rea (Patio)	85.00
4.			
5.			
6.		<u></u>	
7.	·····		······
			otal: \$=0:005,646
Business Information			
Business Address: <u>140 Cleveland Ave</u>	S Saint	t Paul	MN 55116
company Name: <u>Sakava Saint F</u>		usiness As: <u>Sak</u>	
Company Type: Corporation 🔿	Partnership 🔘	Sole Pro	oprietorship 😁 🕐
Date of Incorporation: 306 2083	Date of Anticipat	ed Opening: 3	2024.
Mailing Address: <u>JUD</u> Cleveland Av	nes Saint	t Paul M	N Still6.
Business Phone #: 651 699 7777			Conast paul 7777 @ 9 mail.con
Applicant Information			9
Applicant Name: <u>Li M</u>	Middle	Last	L
Title: president		Date of Birth:	
Drivers License:			
Home Address:			
Cell Phone #:	Alteri	nate Phone #:	State Zip

Are you going to operate this business personally? Yes: Ne: C If no, who will operate it? Operator Name: Lin	Supplemental Required	l Information		1				
Home Address: Date of Birth: Phone # If manager is not the same as the operator, please complete the following information: Manager Name: Fei Fei No: O <		•	ally? Yes:	No:	\bigcirc			
Date of Birth: Phone # Manager Name: Fei: Net: Net: Net: Net: Net: Net: Net: Net	Operator Name:	Lin			Xu			
Are you going to have a manager or assistant in this busines? Ye: If manager is not the same as the operator, please complete the following information: Manager Name: Fei Home Address: Date of Birth: Plate of Birth: Title:	Home Address:							
If manager is not the same as the operator, please complete the following information: Manager Name: Fei Geng Home Address: Date of Birth: Phone #: Email Officer Name: Juite Juite Juite Home Address: Middle Last Zp Date of Birth: Phone #: State Zp Officer Name: Juite Phone #: State Zp Date of Birth: Phone #: State Zp Home Address: State Zp State Zp State <td>Date of Birth:</td> <td></td> <td>Phone #</td> <td></td> <td>Email Address: _</td> <td>51811</td> <td>210</td>	Date of Birth:		Phone #		Email Address: _	51811	210	
Manager Name: Fei Cheng Home Address: Date of Birth: Phone #: Email Address: Officer Name: Sup Image: Super	Are you going to have a	manager or assistant	in this busines	ss? Yes: 😥	No: O		W	
Home Address: Date of Birth: Phone #: Email Address: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: July Officer Name: July July Last Title: Out # & K Email: Home Address: Date of Birth: Phone #: State ZIP Date of Birth: Officer Name: Frait Middle Last Title: OWD & Y Email: State ZIP Date of Birth: OWD & Y Email: Last Chern Home Address Street State ZIP Officer Name: First Middle Last Last Title:	If manager is <u>not</u> the same as the operator, please complete the following information:							
Home Address: Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: First Middle List Date of Birth: Title: Officer Name: First Date of Birth: Phone #: Date of Birth: Title: Officer Name: First Middle List State Zip Date of Birth: Date of Birth: Phone #: State State List Middle List Title: Officer Name: First Middle List State List Middle List Title: Officer Name: First Middle List State List Middle List Middle List Middle List Title: Phone #: State State State Middle List Title: <td>Manager Name:</td> <td>Fei Fei</td> <td></td> <td> 11</td> <td>Cheng</td> <td></td> <td></td>	Manager Name:	Fei Fei		11	Cheng			
Date of bitth. Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: Ju First Middle Last Last Date of Birth: Phone #: Officer Name: Ju First Phone #: Officer Name: Ju First Phone #: Officer Name: Ju First Middle Title: Output Officer Name: First Middle Title: Output Officer Name: First Middle Date of Birth: Output Officer Name: First Middle Officer Name: First Middle Last Auge State Officer Name: First Middle Last Middle Last Middle Last Title: Email: Home Address: Street Street City State	Home Address:)					
Officer Name: June First Middle Last Title: Officer Name: Image: State Officer Name: Image: State Phone #: Officer Name: Image: State State Image: State </td <td>Date of Birth:</td> <td>-</td> <td>Phone #:</td> <td></td> <td>Email Address:</td> <td></td> <td></td>	Date of Birth:	-	Phone #:		Email Address:			
First Middle Last Title: Home Address: Date of Birth: Phone #: Officer Name: First Date of Birth: Date of Birth: First First Middle Last State 2p Date of Birth: Date of Birth: Officer Name: First Date of Birth: City State 2p	Please list all other o	officers of the corp	ooration (Att	ach another sh	eet if applicable.)			
Home Address:	Officer Name:	JU First		Middle	Last			
Date of Birth: Phone #: York Chen Officer Name: $\Box \times i G + i G $	Title:	ALMOY		Fmail:				
Date of Birth: Phone #: Officer Name: Lixit First Middle Title: Cub & V Fmail: Home Addres: Street Officer Name: First Middle Last State Lixit Middle Last State Lixit Middle Last Lixit Middle Last Last Lixit Middle Last Last <td>Home Address:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Home Address:							
First Middle Last Title: Home Address Street First Middle Email: Last Last Last Zip State Zip	Date of Birth:		Phone #: .			State	Σib.	
Home Addres Date of Birth: Officer Name: First Middle Last Home Address: Street City State	Officer Name:	Lixian L		Middle	Last	chen		
Date of Birth:Phone # Officer Name: First Middle Last Home Address: Street City State	Title:	OWN & Y		Fmail:				
Officer Name:	Home Addres	Sireet				State		
Title: Email: Home Address: City State Zip	Date of Birth:		Phone #					
Home Address:	Officer Name:	First		Middle	Last			
	Title:			Email:				
	Home Address:	Street		Citv	u <u></u>	State	Zip	
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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 horein 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.

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_____ President