

240000666

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



SAINT PAUL
SAFETY & INSPECTIONS

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	Fee(s):
1. <u>Liquor on sale 100 no pass seats</u>	_____
2. <u>Malt on sale strong</u>	<u>\$712</u>
3. <u>Wine on sale</u>	<u>\$2000</u>
4. <u>Liquor Outdoor Service Area (sidewalk)</u>	<u>\$40</u>
5. _____	_____
6. _____	_____
7. _____	_____

Total: \$ 0.00

Business Information

2,752

Business Address: 367 Webasha St. N St. Paul MN 55102
Street City State Zip

Company Name: TKP LLC Doing Business As: Ruam Mit

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 10/17/2018 Date of Anticipated Opening: 4/1/2024

Mailing Address: [Redacted]

Business Phone #: 651-222-7871 Email Address: [Redacted]

Applicant Information

Applicant Name: Nia Somphoury Rasavong
First Middle Last

Title: Owner/CEO 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: _____
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

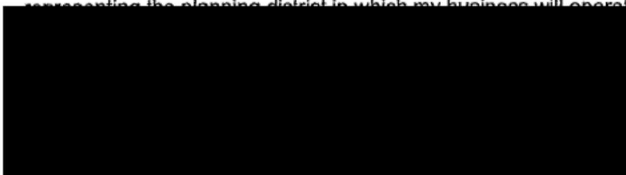
Title: _____ Email: _____

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. 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.



_____ Title _____ Date 4/15/24