

2024 0001788



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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.
City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- a. Liquor - Off Sale License \$1500
- b. Tobacco Shop \$535
- c. Alarm \$43
- d. _____
- e. _____
- f. _____
- g. _____

Total: 2025.00
\$ 2078.00

Business Information

Business Address: 301 E. Wheelock Pkwy
306 LARSENTEUR AVE E, SAINT PAUL MN 55117
Street City State Zip

Company Name: PARKWAY LIQUOR LLC Doing Business As: PARKWAY LIQUOR

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 10/15/2024 Anticipated Opening: 1 1

Mailing Address: [REDACTED]

Business Phone: 619 227 4077 Fax Number: _____

Applicant Information

Applicant Name: THOMAS CAO BOI
First Middle Last

Title: President, 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?

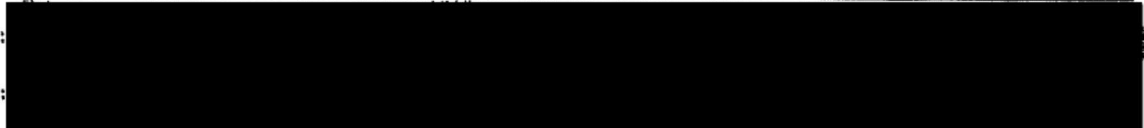
Yes: No:

If no, who will operate it?

Operator Name: THOMAS CAO Bui

Home Address:

Date of Birth:



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.



owner/manager 10-16-2024
Title Date

App