

1/5/21 OK to enter after pymt. recd.

JAN 04 2021



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](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.

Types of License(s) being applied for:

Fee(s):

- a. liquor on sale-100 seats or less \$4,891
- b. Liquor on sale Sunday \$200
- c. Alarm Permit #29080 \$39
- d. Entertainment B \$613
- e. Gambling Location \$77
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 5820 -

Business Information

Business Address: 1067 Hudson Rd, Saint Paul MN 55106  
Street City State Zip

Company Name: Cheers Pub LLC Doing Business As: Cheers Pub

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 12 / 04 / 2020 Anticipated Opening: 01 / 10 / 2021

Mailing Address: same  
Street City State Zip

Business Phone: 651-528-7863 651-340-0319 Fax Number: \_\_\_\_\_  
*per Kevin Vu / K*

Applicant Information

Applicant Name: Dao Hoang  
First Middle Last

Title: officer Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: daocheerspub@gmail.com  
State License #

Home Address: 924 Como Ave, Saint Paul MN 55103  
Street City State Zip

Cell Phone: 612-716-0462 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: X

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: Dao Hoang  
First Middle Last

Title: \_\_\_\_\_ Email: daocheerspub@gmail.com

Home Address: 924 Como Ave, Saint Paul MN 55103  
Street City State Zip

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: 612-716-0462

Officer Name: Kevin Vu  
First Middle Last

Title: \_\_\_\_\_ Email: kevinvu1972@yahoo.com

Home Address: 1092 Colne St, Saint Paul MN 55103  
Street City State Zip

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: 612-212-0110

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.

Applicant Signature: \_\_\_\_\_ Title: owner Date: 12-29-2020