

20150002227



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Website at: www.stpaul.gov/dsl

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: (Office Use Only)

Fees

Table with 2 columns: License Type, Fees. Row 1: Auto Repair Garage, 431.00. Total: 431.00

Anticipated Date of Opening: 7/1/15 Company Name: HAP TRANSPORTATION

Business Name (DBA): Business Phone: 612-294-2460

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: / /

Business Address (business location): 18-44 HACKER ST. E ST. PAUL, MN 55117
Street (#, Name, Type, Direction) City State Zip + 4

Mail To Address (if different than business address): 394 UNIVERSITY AVE W ST. PAUL, MN 55103
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: BAO VANG CEO
First Middle (Maiden) Last Title

Home Address: 394 UNIVERSITY AVE W ST. PAUL, MN 55103
Street (#, Name, Type, Direction) City State Zip + 4

Phone: 651-495-9160 Alternative Phone: Email: BAOV@HMONG.ORG

Date of Birth: 3/24/1969 Place of Birth: LAOS

Driver License: State of Issue: MN

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES NO [X]

Date of Arrest: Where?

Charge:

Conviction: Sentence:

List licenses which you currently hold, formerly held, or may have an interest in:

Have any of the above named licenses ever been revoked? YES [X] NO If yes, list the dates and reasons for revocation:

Are you going to operate this business personally? YES [X] NO If not, who will operate it?

LANG VANG 6/1/1981
First Name Middle Initial (Maiden) Last Date of Birth

900 73RD WAY No BROOKLYN PARK MN 55444 (612) 294-2460
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Zoning Summary Sheet*

Date: 7/1/2015

License ID# (Office Use) 20150002227

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

***Zoning approval will not be granted for this license request without this information.**

Business Address 18-44 ACKER ST. E. Street Address Business Type TRANSPORTATION

Business Name HAP TRANSPORTATION

Licensee/Owner Name: BAO VANG Day Phone: 651/495-9160
 (Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651/266-9083 if you have questions about the information needed on this form.

<p>1. What is the gross floor area for this business? <u>18-5858</u> <u>44-7,000</u> square feet.</p> <p>2. What was the previous use of this space? <u>TRANSFER SITE</u></p> <p>3. How many off-street parking spaces are provided for this business? <u>15+</u></p> <p>4. How many different uses are in the building? <u>1</u></p> <p>5. What are these uses? <u>AUTO REPAIR GARAGE</u></p> <p>6. Do you own the property or are you leasing it? <u>LEASE</u></p>	<p>7. Do you intend to have a drive-thru window? ___ yes <input checked="" type="checkbox"/> no</p> <p>8. Will you have a permanent menu board? ___ yes <input checked="" type="checkbox"/> no</p> <p>9. Do you intend to serve liquor? ___ yes <input checked="" type="checkbox"/> no</p> <p>10. Is this a restaurant associated with a Chain or franchised business? ___ yes <input checked="" type="checkbox"/> no</p> <p>11. Will customers pay for their food before consuming it? ___ yes ___ no</p> <p>12. Is a self-service condiment bar proposed? ___ yes ___ no</p> <p>13. Are trash receptacles provided for self-Service bussing? ___ yes ___ no</p> <p>14. Will there be hard finished, stationary seating? ___ yes ___ no</p> <p>15. Are your main course food items Prepackaged ___ or made to order? ___</p>
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