



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Restaurant License
2. Side-walk cafe license Liquor-Outdoor Service Patio 79.00
3. Remodel or addition plan review
4. Liquor on-sale license 100 Seats or Less 4891.00
5. Liquor On Sale - Sunday 200.00
6. _____
7. _____

Total: \$0.00 \$5170.00

Business Information

Business Address: 1328 Grand Avenue St Paul MN 55105
Street City State Zip

Company Name: Sohn Hee Eateries, LLC Doing Business As: Best of Best Quality Korean Fried Chicken

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 3/8/23 Date of Anticipated Opening: 6/1/23

Mailing Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Business Phone #: (763) 458-0065 Email Address: Ekrouse@bbdotqmn.com

Applicant Information

Applicant Name: Emily Kyeong Krouse
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED] Email: Ekrouse@bbdotqmn.com
State License #

Home Address: 1176 Elysium Ave Apple Valley MN 55124
Street City State Zip

Cell Phone #: (763) 458-0065 Alternate Phone #: _____

[REDACTED]
[REDACTED]
[REDACTED]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: _____
Home Address: _____
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: Juan Martin Rosas Rodriguez
Home Address: _____
Date of Birth: _____ Phone: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
Date of Birth: _____ Phone #: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
Date of Birth: _____ Phone #: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
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 business will operate.

Owner Title
03/19/2023
Date