

LIC # 20060000131



CLASS N  
CITY LICENSE APPLICATION  
THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC  
PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL  
Office of License, Inspections  
and Environmental Protection  
8 Fourth St. E, Suite 200  
Saint Paul, Minnesota 55102  
(651) 266-9090 Fax (651) 266-9144  
Web: www.liep.us

JAN 11 2006

LICENSES ARE NOT TRANSFERABLE  
PAYMENT MUST BE RECEIVED WITH EACH APPLICATION

Type of License(s) being applied for: Wine On Sale; Malt On Sale (Strong)  
Restaurant B; Entertainment B S  
Steak 16155 Alarm Permit S

Projected date of opening: JANUARY 16, 2005  
Company Name: HOA BIEN INCORPORATED  
Corporation / Partnership / Sole Proprietorship

If business is incorporated, give date of incorporation: 8/6/98  
Business Name(DBA): \_\_\_\_\_ Business Phone: ( ) TBD

Business Address (business location): 1105 UNIVERSITY AVE WEST ST. PAUL MN 55104  
Street (#, Name, Type, Direction) City State Zip+4

Between what cross streets is the business located? UNIVERSITY & LEXINGTON Which side of the street? NORTH WEST CORNER  
Are the premises now occupied? NO What Type of Business? -

Mail To Address (if different than business address): SAME  
Street (#, Name, Type, Direction) City State Zip+4

Applicant Information:  
Name and Title: LINDA DO PHAM PRESIDENT  
First Middle (Maiden) Last Title

Home Address: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip+4

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Driver License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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:  
NONE

Have any of the above named licenses ever been revoked?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? X YES \_\_\_\_\_ NO If not, who will operate it?

First Name Middle Initial (Maiden) Last Date of Birth  
Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

Are you going to have a manager or assistant in this business? \_\_\_\_\_ YES \_\_\_\_\_ X NO If the manager is not the same as the operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth  
Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

Please list your employment history for the previous five (5) year period:

Business/Employment

Address (Complete Mailing Address)

Date

HOA BIEU, INCORPORATED      1111 University Ave. St. Paul, MN      1980-PRESENT

List all other officers of the corporation:

OFFICER NAME	TITLE (Office Held)	HOME ADDRESS	HOME PHONE	BUSINESS PHONE	DATE OF BIRTH
-----------------	------------------------	-----------------	---------------	-------------------	------------------

<u>LINDA DU PHAM</u>	<u>PRESIDENT</u>			<u>2 TBD</u>	
<u>LUAN PHAM</u>	<u>SEC/TREASURER</u>			<u>TBD</u>	

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
<u>N/A</u>				

  

Home Address: Street (#, Name, Type, Direction)	City	State	Zip+4	Phone Number
				( )

  

First Name	Middle Initial	(Maiden)	Last	Date of Birth

  

Home Address: Street (#, Name, Type, Direction)	City	State	Zip+4	Phone Number
				( )

MINNESOTA TAX IDENTIFICATION NUMBER - Pursuant to the Laws of Minnesota, 1984; Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: \_\_\_\_\_

If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the box.

CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182  
I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: TBD

Policy Number: \_\_\_\_\_ Coverage from \_\_\_\_\_ to \_\_\_\_\_

I have no employees covered under workers' compensation insurance \_\_\_\_\_ (INITIALS)

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED  
WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Linda Vo Nam  
Signature (REQUIRED for all applications) \_\_\_\_\_ Date \_\_\_\_\_

Preferred methods of communication from this office (please rank in order of preference - "1" is most preferred):

2 Phone Number with area code: ( 651 ) 647-1011 Extension \_\_\_\_\_  
(Circle the type of phone number you have listed above: Business Home Cell Fax Pager )

3 Phone Number with area code: ( \_\_\_\_\_ ) \_\_\_\_\_ Extension \_\_\_\_\_  
(Circle the type of phone number you have listed above: Business Home Cell Fax Pager )

1 Mail: 1105 UNIVERSITY AVE ST. PAUL MN 55104  
Street (#, Name, Type, Direction) City State Zip+4

Internet: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

We will accept payment by cash, check (made payable to City of Saint Paul) or credit card ( American Express, Discover, MasterCard or Visa).

- \*\*Note:** If this application is Food/Liquor related, please contact a City of Saint Paul Health Inspector, Steve Olson (266-9139), to review plans.
- If any substantial changes to structure are anticipated, please contact a City of Saint Paul Plan Examiner at 266-9007 to apply for building permits.
- If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at 266-9008.

All applications require the following documents. Please attach these documents when submitting your application:

- A detailed description of the design, location and square footage of the premises to be licensed (site plan).  
The following data should be on the site plan (preferably on an 8 1/2" x 11" or 8 1/2" x 14" paper):
  - Name, address, and phone number.
  - The scale should be stated such as 1" = 20'. ^N should be indicated toward the top.
  - Placement of all pertinent features of the interior of the licensed facility such as seating areas, kitchens, offices, repair area, parking, rest rooms, etc.
  - If a request is for an addition or expansion of the licensed facility, indicate both the current area and the proposed expansion.
- A copy of your lease agreement or proof of ownership of the property.

**IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:**



American Express  Discover  MasterCard  Visa

EXPIRATION DATE: ACCOUNT NUMBER:

□□/□□ □□□□ □□□□ □□□□ □□□□ □□□□

\_\_\_\_\_  
Name of Cardholder (please print)

\_\_\_\_\_  
Signature of Card Holder(required for all charges) Date \_\_\_\_\_