

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, Minnesot PROFEILVED IN LIEP Web: www.liep.us

JAN 1 1 2006

LICENSES ARE NOT TRANSFERABLE PAYMENT MUST BE RECEIVED WITH EACH APPLICATION

	, .		63.4		`	
Type of License(s) being	; applied for: LUin	4 Om Soll	-, Malt Or	Balo (Stray)	<u> </u>	
	Reste	Weight B: {	Interlum	neit & s		
Sterlin 1615	5) al	um Pein	<u> </u>	S		
Projected date of opening		6,2005				. *
Company Name:	DA BIEN IN	CORPORATED				
	Corporation / Partnership / Sol	,				
If business is incorporate	d, give date of incorpor	ration: 8/6/9	78			
Business Name(DBA): _						
Business Address (busin		Univensity ,		<i>ET. PAU E</i>	MAJ State	55704 Zip+4
Between what cross stree	ets is the business locate	d? University?	LEXINGRIM	Which side of the	e street? <u>Nor</u>	ITH WEST COM
Are the premises now oc		•	,			
Mail To Address (if diffe	erent than business addr	ess): SAME				
•		Street (#, Name, Typ	e, Direction)	City	State	Zip+4
Applicant Information:				0		
Name and Title:	NDA I	Do .	· · · · · · · · · · · · · · · · · · ·	PHAM	<i>F</i>	resident
Firs -lome Address:	t	Middle	(Maiden)	Last		Title
	Name, Type, Direction)		City	•	State	Zip+4
Date of Birth:	Plac	e of Birth:	***************************************	Home Phone:		
Oriver License:			State of Issue:	-		
lave you ever been <u>con</u>	<u>victed</u> of any felony, cri	me or violation of any	city ordinance oth	er than traffic? Y	ES NO	
Date of arrest:	Whe	ere?				
Charge:						
Conviction:		S	entence:			
List licenses which you	currently hold, formerly	held, or may have an	interest in:			
Have any of the above n	amed licenses ever been	revoked?YES	NO I	f yes, list the dates ar	nd reasons for	revocation:
Are you going to operate	e this business personal	y? X YES	NO If not,	, who will operate it?)	
First Name	Middle Initial	(Maiden)	Last		Date of E	irth
lome Address: Street (#, Name, Type, Direction) C		City	Stat	e Zip+4	Phone Num	ber
Are you going to have a operator, please comple	manager or assistant in	this business?		NO If the mana	ager is not the	same as the
First Name	Middle Initial	(Maiden)	La	st	Date of	Birth
					Dhona Nun	1
Homa Addrager Streat /# M	ama Tuna Diraction)	City	Char	71-11	Dhona Blue	. n. a. r

	oloyment	Address	s (Complete	Mailing A	(ddress)		Date
10.4 K5/	TW . INCORPORA 17-10	ill chaive	isity se	E- 51	Pari, n	nn	1986-1
ist all other	officers of the corporation:						
PFFICER NAME		ME DRESS	HOME PHONE	• .	BUSINESS PHONE		DATE O BIRTH
-INDA	Du PHAM PRESIDENT			,	2	773 ()	
UAN P	HAM SEC/MEASURE	2				TED	
business is a	a partnership, please include the follo	wing information for a	ach nartner (1		
MA rst Name	Middle Initial		acti partifer (use additic	onal pages if n	ecessary)	:
		(Maiden)		Last		(Date of Birth
	Street (#, Name, Type, Direction)	City	St	ate	Zip+4	Phone 1) Number
rst Name	Middle Initial	(Maiden)		Las	t		Date of Birth
INNESOTA ax Clearance Minnesota	Street (#, Name, Type, Direction) TAX IDENTIFICATION NUMBER e; Issuance of Licenses), licensing authorisiness tax identification number an	nd the social security no	of Minnesota, provide to the umber of eacl	e State of I h license a	Minnesota Cor pplicant.	cle 8, Sect nmission	er of Rever
INNESOTA Fax Clearance e Minnesota nder the Minnesota garding the u - T en - U	TAX IDENTIFICATION NUMBER e; Issuance of Licenses), licensing authousiness tax identification number an nesota Government Data Practices Acts of the Minnesota Tax Identification his information may be used to denymployer's withholding or motor vehicle pon receiving this information, the lowever, under the Federal Exchange	- Pursuant to the Laws of horities are required to not the social security no et and the Federal Privac on Number: y the issuance or rene cle excise taxes;	of Minnesota, provide to the umber of each cy Act of 1970 wal of your	1984, Cha e State of N h license a 4, we are re license in	npter 502, Artic Minnesota Cor pplicant. equired to adv the event you	cle 8, Sect nmission ise you of 1 owe Mi	tion 2 (270, er of Rever the follow
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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 V	o Mai	m	-			
Signature (REQUIRED for all applications)							
Preferre	d methods of communication from this office (please rank	in order of prefe	rence - "1" is	s most pref	ferred):		
2	Phone Number with area code: (657) 647		•	ctension	·		
)	(Circle the type of phone number you have listed above:	Business	Home	Cell	Fax	Pager	_)
<u>3</u> _	Phone Number with area code: (Circle the type of phone number you have listed above:			tension			_
,	Mail: 1105 University Ave	Business	Home	Cell	Fax	Pager)
	Street (#, Name, Type, Direction)	ST. PAUL, City	mr	/ 557	State	Zip+4	
	Internet:	J.,,			State	Z1p+4	
	E-Mail Address						
			·				
We will a	accept payment by eash, check (made payable to City of Saint P	aul) or credit care	l (American	Express D	iscover M	astarCard ar	Vical
		,	- (Lapress, D	1300701, 171.	aster Card of	visa).
**Note:	If this application is Food/Liquor related, please conta review plans.	ct a City of Sain	t Paul Health	Inspector,	Steve Ols	son (266-913	39), to
	If any substantial changes to structure are anticipated, pl for building permits.	ease contact a Ci	ty of Saint Pa	aul Plan Ex	aminerat	266-9007 to	apply
	If there are any changes to the parking lot, floor space Inspector at 266-9008.	, or for new ope	rations, plea	se contact	a City of	Saint Paul Z	oning
1.	ications require the following documents. Please attach A detailed description of the design, location and square fo The following data should be on the site plan (preferably o - Name, address, and phone number. - The scale should be stated such as 1" = 20'. N should be - Placement of all pertinent features of the interior of the liparking, rest rooms, etc. - If a request is for an addition or expansion of the licensed A copy of your lease agreement or proof of ownership of the	otage of the prer n an 8 ½" x 11" indicated toward censed facility s	nises to be li or 8 ½" x 14 I the top. uch as seatin	icensed (sing paper): " paper): ag areas, ki	te plan).	fices, repair	
IF PA	YING BY CREDIT CARD PLEASE COMPLETE THE FO			DN: IasterCard	d 🗆 v	'isa	
EXPIR	ATION DATE: ACCOUNT NUMBER:						
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Signature of Card Holder(required for all charges)

Name of Cardholder (please print)