

20180002178



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

RECEIVED

JAN 11 2018

By: City of St Paul 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	1/2 = 2397. ⁵⁰	4795. ⁰⁰
b.	Liquor On-Sale Sunday		250. ⁰⁰
c.	Liquor On-Sale 2 am closing		53. ⁰⁰
d.	Liquor Outdoor Services Area (Patio)		76. ⁰⁰
e.	Entertainment A		248. ⁰⁰
f.	Gambling Location	(paid separately 75 ⁰⁰ already on 1-10-2018)	75. ⁰⁰
g.	Cigarette / Tobacco		453. ⁰⁰

Total: 3502.⁵⁰ \$5900.⁰⁰
~~5825.⁰⁰~~
~~5400.⁰⁰~~

Business Information

Business Address: 1091 Rice St. St. Paul MN 55117
Street City State Zip

Company Name: TK Inspiration Inc Doing Business As: Tracks Bar & Grill

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 01 / 08 / 2018 Anticipated Opening: 1 / 1

Mailing Address: 1091 Rice St. St. Paul MN 55117
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Dao Thanh Hoang
First Middle Last

Title: president Date of Birth: _____

Drivers License: _____ :mail: _____
State License #

Home Address: _____
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: X No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name:

First SAME AS OWNER 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:

First Kevin Middle Khoa Last Vu

Title: VICE-president Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____

Phone: _____

Officer Name:

First _____ Middle _____ Last _____

Title: _____ Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____

Phone: _____

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

Date

president

1-9-2018