CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
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.

Types of License(s) being applied for: **Fee(s):**

a. Liquor Outdoor service area (Patio) _____
b. Liquor Outdoor service area (side walk) _____
c. _____ _____
d. _____ _____
e. _____ _____
f. _____ _____
g. _____ _____

Total: $ -

Business Information

Business Address: 1332 Grand Avenue St. Paul MN 55105
(Street / City / State / Zip)

Company Name: EM Que Viet LLC

Doing Business As: EM Que Viet Restaurant & Bar

Company Type: Corporation _____ Partnership X Sole Proprietorship _____

Date of Incorporation: 3 / 23 / 2021

Anticipated Opening: ~~12 / 15 / 2021~~ 07 / 07 / 22 mp

Mailing Address
(Street / City / State / Zip)

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Maria (First) Nam (Middle) Nguyen (Last)

Title: President/CEO/CFO

Date of Birth: / /

Drivers License: (State / License #) _____ Email: _____

Home Address:
(Street / State / Zip)

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

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: Briana Le (First / Middle / Last)

Home Addres: ____ (Street / City / Zip)

Date of Birth: ____ / ____ / ____ Phone: ____

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

Officer Name: Briana Le (First / Middle / Last)

Title: CEO Email: ____

Home Address ____ (Street / City)

Date of Birth: ____ / ____ / ____ Phone: ____

Officer Name: Maria Nguyen (First / Middle / Last)

Title: President / COO / CFO Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____ / ____ / ____ Phone ____

Officer Name: Kyle Le (First / Middle / Last)

Title: CDO 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.

President / COO / CFO (Title) 6.15.22 (Date)