

Lic. # 2020000193

912



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](http://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 on Sale - 291 seats or more \$5,767.00
- b. Liquor on Sale - Sunday \$200.00
- c. Entertainment B \$601.00
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ \_\_\_\_\_

Business Information

Business Address: 1217 Bandana Blvd N St. Paul MN 55108  
Street City State Zip

Company Name: The Essence Event Center, Inc Doing Business As: The Essence Event Center

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 05 / 29 / 2018 Anticipated Opening: 1 / 1

Mailing Address: 1217 Bandana Blvd N St. Paul MN 55108  
Street City State Zip

Business Phone: 612-308-1655 Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: Long Huu Nguyen  
First Middle Last

Title: President

Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: 612-308-1655 Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally?

Yes:  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: \_\_\_\_\_ No: \_\_\_\_\_

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

Manager Name:

*Catherine* *Molina* *Cuddy*  
First 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 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: \_\_\_\_\_

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

*President*  
Title

*01/10/2020*  
Date

*E - 1/24/20 - lab*