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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

DEC 07 2022 **Class "N" License Application**

LICENSES ARE NOT TRANSFERRABLE
City of Saint Paul - DSI
 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 seat or less | \$4,891.00 |
| b. | Liquor On-Sale Sunday | \$200.00 |
| c. | Liquor On-Sale 2am closing | \$54.00 |
| d. | Liquor Outdoor Service Area (Sidewalk) | \$36.00 |
| e. | Gambling Location | \$78.00 |
| f. | | |
| g. | | |

Total: \$5,258.00

Business Information

Business Address: 191 7th E. St. Paul MN 55101
Street City State Zip

Company Name: #1 Gameday LLC Doing Business As: #1 Gameday
Company Name Doing Business As

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐
Company Type

Date of Incorporation: [REDACTED] Anticipated Opening: 1/10/12
Date of Incorporation Anticipated Opening

Mailing Address: [REDACTED]
Street City State Zip

Business Phone: [REDACTED] Fax Number: [REDACTED]
Business Phone Fax Number

Applicant Information

Applicant Name: Manyvone Keomanyvong
First Middle Last

Title: Owner Date of Birth: 02/15/1977
Title Date of Birth

Drivers License: [REDACTED]
State License

Home Address: [REDACTED]
Street City State Zip

Cell Phone: [REDACTED] Alternate Phone: [REDACTED]
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:

No:

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

Manager Name:

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.

Maryann Kyung
Applicant Signature

Owner
Title

12/5/22
Date