

24000917



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

NOV 06 2024

Payment must be received with each application. This application is subject to review by the public.

*11/6
OK to
enter
per
JF*

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Liquor - off sale \$1,500
- 2. Tobacco Shop 535
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: 1,500 535

Business Information

Business Address: 645 Snelling Ave S St. Paul MN 55116
Street City State Zip

Company Name: D.X, LLC **Doing Business As:** Rite Liquor

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ **Date of Anticipated Opening:** _____

Mailing Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Business Phone #: (651) 414-0346 **Email Address:** dxiong0629@yahoo.com

Applicant Information

Applicant Name: Dennis Xiong
First Middle Last

Title: _____ **Date of Birth:** [REDACTED]

Drivers License: _____ **Email:** [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] **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 #: _____ Email Address: _____

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 #: _____ Email Address: _____

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

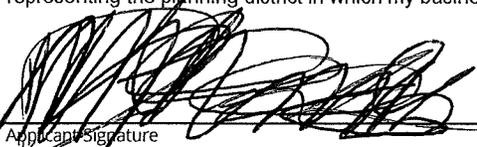
Title: _____ Email: _____

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.


Applicant Signature

owner

Title

11/6/24

Date