

240001032



SAINT PAUL
SAFETY & INSPECTIONS

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

Received

JUN 12 2024

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

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 on-sale - 291 or more seats \$16,448.00
- 2. Liquor on-sale Sunday \$ 200
- 3. Entertainment B \$ 672
- 4. _____ _____
- 5. _____ _____
- 6. _____ _____
- 7. _____ _____

Total: \$ 0.00

Business Information

Business Address: 1100 White Bear Ave ST. Paul, MN 55106
Street City State Zip

Company Name: Lucky Golden Dragon LLC Doing Business As: White Dragon Hall

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: 07/19/2023 Date of Anticipated Opening: when license is approve

Mailing Address: _____
Street City State Zip

Business Phone #: 651-528-8802 Email Address: whitedragonhall9@gmail.com

Applicant Information

Applicant Name: Kao Hlee Lee
First Middle Last

Title: Owner / CEO Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes: No:

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: Kao Hlee _____
First Middle Last

Title: owner _____ 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: _____ Title: Owner Date: 05/21/2024