



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. | <u>Liquor On Sale 101 - 180 seats</u> | <u>5,416.00</u> |
| b. | <u>Liquor On Sale (Sunday)</u> | <u>200.00</u> |
| c. | <u>Entertainment (B)</u> | <u>613.00</u> |
| d. | <u>Liquor Outdoor Service Area (Patio)</u> | <u>78.00</u> |
| e. | _____ | _____ |
| f. | _____ | _____ |
| g. | _____ | _____ |

79⁰⁰

Total: **\$6,307.**

Business Information

Business Address: 1756 Old Hudson Rd. St. Paul MN 55106
Street City State Zip

Company Name: Xiang Khouang Restaurant LLC Doing Business As: Xiang Khouang Restaurant & Hall

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 1 / 1 / _____ Anticipated Opening: 02/01 / 1/2023

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Spencer Kong Thao
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell 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: _____
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.)

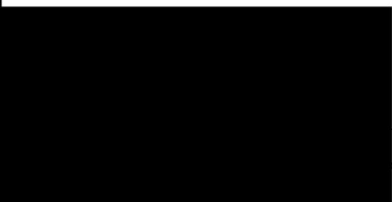
Officer Name: _____
First Middle Last
Title: _____ Email: _____
Home Address: _____
Street City State Zip
Date of Birth: ____ / ____ / ____ Phone: _____

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.



Title Date 10/05/2022