

Ant. Exp. 12/19/2012

Exp. 5/28/2013 (9/12)



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Website at: 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: (Office Use Only)

Fees

Table with 2 columns: License type and Fee. Includes handwritten entries: 'Add Entertainment At Lic. to existing Lic ID # 20100000030', 'Pro rate 12/19/12 to 5/28/13', and 'Total \$99.00'.

Anticipated Date of Opening: 10/19/12

Company Name: Corp. (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: TSWYLAUG

Business Name (DBA): Rice Palace Asian Buffet Business Phone: (651) 776-8888

Business Address (business location): 1626 White Bear Ave N, St. Paul MN 55106
Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Carpenter / White Bear Which side of the street? White Bear

Mail To Address (if different than business address):
Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title: CHUEDANG VUE Owner
First Middle (Maiden) Last Title

Home Address:
Street (#, Name, type, Direction) State Zip + 4

Date of Birth: Place of Birth: Home Phone:

Driver License: State of Issue:

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES NO X

Date of Arrest: Where? RECEIVED IN D.S.I.

Charge: OCT 19 2012

Conviction: Sentence:

List licenses which you currently hold, formerly held, or may have an interest in: Buffet (Restaurant), Beer & Wine

Have any of the above named licenses ever been revoked? YES X NO If yes, list the dates and reasons for revocation:

Are you going to operate this business personally? X YES NO If not, who will operate it?

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED  
WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Chris Lynn  
Signature (REQUIRED for all applications)

10/17/12  
Date

**PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE**  
(please rank in order of preference – "1" is most preferred):

\_\_\_\_\_ Phone Number with area code: ( \_\_\_\_\_ ) Extension \_\_\_\_\_  
Check the type of Phone Number listed above:  Business  Home  Cell  Fax  Pager

\_\_\_\_\_ Phone Number with area code: ( \_\_\_\_\_ ) Extension \_\_\_\_\_  
Check the type of Phone Number listed above:  Business  Home  Cell  Fax  Pager

\_\_\_\_\_ Mail: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip + 4

\_\_\_\_\_ Internet: \_\_\_\_\_  
E-Mail Address

**All Class N applications must be submitted with the following documents:**

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

**\*\* Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the licensè. \*\***

**Signature of Cardholder (required for all charges):** \_\_\_\_\_

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa										Expiration Month/Year ▶▶							
Enter Account Number ▶																	

Rice Palace Asian Buffet

1626 White Bear Ave N

Saint Paul, MN 55106

October 19 th, 2012

To: City of Saint Paul – Department oo Safety And Inpections

I want to add Karaoke to be part of my restaurant improvement and to better serve my customer, So I would like to apply for the Karaoke license. I can be contact at 651-776-8888

Thank you



Entertainment as Karaoke  
(No Stage )

Days & Hours of operation

Sunday to Thursday

6pm - 12 PM

Friday & Sat

6pm to ~~11 PM~~ 1 AM