

3/13/2023



CITY OF SAINT PAUL  
Department of Safety and Inspections  
Ricardo X. Cervantes, Director  
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.

OK  
to enter  
RUIH

#### Types of License(s) being applied for:

- |    |  |         |                            |
|----|--|---------|----------------------------|
| a. | <u>LIQUOR ON SALE - 180 SEATS</u>          | Fee(s): | <u>5,416.00</u>            |
|    | <u><del>101 TOR ABOVE SEATS</del></u>      |         | <u><del>5,882.00</del></u> |
| b. | <u>LIQUOR ON-SALE 2AM CLOSING</u>          |         | <u>55.00 \$54.00</u>       |
| c. | <u>LIQUOR OUTDOOR SERVICE AREA (PATIO)</u> |         | <u>79.00 \$78.00</u>       |
| d. | <u>ENTERTAINMENT B</u>                     |         | <u>\$613.00</u>            |
| e. | _____                                      |         | _____                      |
| f. | _____                                      |         | _____                      |
| g. | _____                                      |         | _____                      |

Total: \$6,161.00

#### Business Information

Business Address: 1079 RICE ST ST. PAUL MN 55117  
Street City State Zip

Company Name: Hi Hi LLC Doing Business As: Hi Hi LLC

Company Type: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Date of Incorporation: 5/18/2020 Anticipated Opening: 11/1/2022

Mailing Address: 1079 RICE ST. ST. PAUL MN 55117  
Street City State Zip

Business Phone: 651 528 6241 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: TOUA XIONG  
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

Drivers License: \_\_\_\_\_ Email: [REDACTED]  
State License #

Home Address: [REDACTED]  
Street City State Zip

Cell Phone: [REDACTED] Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally?

Yes: X No: \_\_\_\_\_

If no, who will operate it?

Operator Name: TOVA XIONG  
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: \_\_\_\_\_

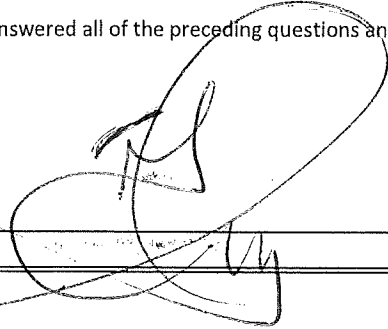
**FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION.**

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.

Applicant Signature

Title

Date



OWNER

11/8/22