CITY OF SAINT PAUL Department of Safety and hapections hypes of License(s) Subjector Safety and hypectons by Jackson Street, Suite 220 Safety Street, Safety Street, Suite 220 Safety Street, Safety Street, Suite 220 Safety Street, Safety Street,		20170202881.					
a. Liqour-on-cale - 101 - 180 - Wine. On Sola	Departme Ricardo X 375 Jacks Salnt Pau	ent of Safety and Inspections . Cervantes, Director on Street, Suite 220 I, Minnesota 55101 51-266-8989	LICENSES ARE NOT TR Payment must be received v	ANSFERRABLE			
b. Liqeuron-sale - Sunday Malt On Sala (Strong) \$998000 (635.0) c. Entertainment A \$248.00 d. 9AM-oleging \$998000 (635.0) a. Gambling location \$75.00 f.	Types of License(s) bel	ng applied for:	I	iee(s): \$1 976.00			
 c. Entertainment A <u>\$248.00</u> a. <u>BAMLelesing</u> a. <u>Gambling location</u> b. <u>S75.00</u> c. <u>Gambling location</u> f. <u>S75.00</u> f. <u>S75.00</u> f. <u>S75.00</u> f. <u>S75.00</u> f. <u>S75.00</u> f. <u>S75.00</u> g. <u>S75.00</u> <	a. 📕	ouron-sale-101-180- Win	on Sale	\$5310.00			
d. 2-AM-closing \$90000 e. Gambling location \$75.00 f.	b	Liqour-on-sale-Sunday Ma	HON JAK (Strong)	\$200-00- (035.20			
eGambling location\$75.00 f g # # # # # # # # # # # # # # # # # # #	c. Enterta	inment A		\$248.00			
f.	d	AM-olosing		\$ 55:0 0			
Business Information Business Address: 1626 White Bear Avenue, Saint Paul, MN 55106 Street Chry Company Name: Barnboo Hut, LLC Doing Business As: Barnboo Hut Company Type: Corporation Company Type: Corporation D6 14 120 Mailing Address: 1626 White Bear Avenue, Saint Paul, MN 55106 Street Corporation D6 14 20 Mailing Address: 1626 White Bear Avenue, Saint Paul, MN 55106 Street City State Applicant Information 651.797.4251 Fax Number: Applicant Information Title: Owner Drivers License: Tzianeng Vang Middle Email: meetingatbamboohut@gmail.com More Address: 451 Skillman Avenue, Maplewood, MN 55117 Street City State	e	Gambling location		\$75.00			
At a, 93 H Barrier Total: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	f						
Business Information Business Address: 1626 White Bear Avenue, Saint Paul, MN 55106 Street Company Name: Bamboo Hut, LLC Doing Business As: Bamboo Hut Company Type: Corporation LLC Partnership Sole Proprietorship Date of Incorporation: 06 / 14 / 2017 Anticipated Opening: 07 / 01 / 2017 Mailing Address: 1626 White Bear Avenue, Saint Paul, MN 55106 Street City State Zip Business Phone: 651.797.4251 Fax Number: Applicant Information Applicant Name: Tzianeng Vang First Middle Last Drivers License: Street City State Zip Business Phone: 651.797.4251 Fax Number: Drivers License: Street City State Zip Business Phone: 651.797.4251 Fax Number: Zip Drivers License: Street City State Zip Business Phone: City State Zip Company State Zip Street City State Zip Company State Zip Company State Zip City State Zip City State Zip	g						
Business Address: 1626 White Bear Avenue, Saint Paul, MN 55106 Street City State 2ip Company Name: Bamboo Hut, LLC Doing Business As: Bamboo Hut Company Name: Bamboo Hut, LLC Doing Business As: Bamboo Hut Company Name: Corporation LLC Partnership	*		#2,934	Total: \$ \$5886.0 0 -			
Applicant Name: Tzianeng Vang First Middle Title: Owner Drivers License: Email: Middle Lisst Brist Itense Brist Email: Middle Email: Middle Lisst Date of Birth: Itense Brist Itense Home Address: 451 Skillman Avenue, Maplewood, MN 55117 Street City	Company Name: Company Type: Date of Incorporation: Mailing Address: Business Phone:	Street Bamboo Hut, LLC Corporation <u>LLC</u> 06/14/2017 1626 W Street 651.797.4251	City Doing Business As: Bamboo Partnership Sole P Anticipated Opening: hite Bear Avenue, Saint Paul, MN 55 City	<u>o Hut</u> roprietorship <u>10112017</u> 5106			
First Middle Last Tittle: Owner Date of Birth: Date of Birth: Drivers License: State License i Home Address: 451 Skillman Avenue, Maplewood, MN 55117 Street City State							
Drivers License: Sinte License I Home Address: 451 Skillman Avenue, Maplewood, MN 55117 Street City State Zip		First	- Andrew - A				
Home Address: 451 Skillman Avenue, Maplewood, MN 55117 Street City State Zip		and the second		gmail.com			
	Home Address:	451 Skillman Avenue, Maplewo		Flata 76			
	Cell Phone:						

(Continued on back)

ATTACHMENT 5

supplemental Required	Informati	on						
Are you going to operate t	his business	personally	/?	Yes: Yes	No:			
If <u>no</u> , who will operate it?								
Operator Name:	First			Middle		Last		
Home Address:				1110012				
Date of Birth:	Street	/	/	ι	City Phone #:		State	Ζίρ
Are you going to have a m	anager or as	ssistant in 1	this business?		Yes:	No:	No	
If manager is <u>not</u> the same	e as the oper	rator, pleas	se complete the	e following informat	lon:			
Manager Name:	First			Middle		last		
Home Address:	11130			more		2031		
Date of Birth:	Street	/	1		City Phone:		State	Zlp
Please list all other of Officer Name: Title:	First		ation (Attach	Middle		Last	-	
Home Address:								
Date of Birth:	Street		1		City Phone:		State -	Zlp
Officer Name:						•		
Title:	First			Middle Email:		last		
Home Address:								
Date of Birth:	Street		1		City Phone:		State	Zlp
Officer Name:								
Title:	First			Middle Email:		Last		
Home Address:	-							
Date of Birth:	Street	1	/		City Phone:		State	Zip
FALSIFICATION OF ANS I hereby state that I have and belief.								est of my knowle
	1							
	1x			Owner			07.05.2017	