

2017002881.



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](http://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. Liquor-on-sale-101-180- Wine On Sale \$1,976.00  
~~\$5310.00~~\*
- b. Liquor-on-sale-Sunday Malt On Sale (5traps) ~~\$200.00~~ 635.00
- c. Entertainment A \$248.00
- d. 2AM-closing \$50.00
- e. Gambling location \$75.00 ~~(Entertainment)~~
- f. \_\_\_\_\_
- g. \_\_\_\_\_

\*

\$2,934 ~~200.00~~ <sup>40</sup> Total: \$5886.00 -

#### Business Information

Business Address: 1626 White Bear Avenue, Saint Paul, MN 55106  
Street City State Zip

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

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: meetingatbamboohut@gmail.com  
State License #

Home Address: 451 Skillman Avenue, Maplewood, MN 55117  
Street City State Zip

Cell Phone: 651.239.3488 Alternate Phone: 651.797.4251

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: 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: 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: \_\_\_\_\_

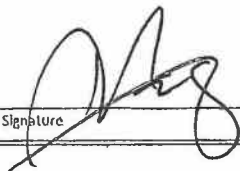
Home Address: \_\_\_\_\_  
Street City State Zip

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



Owner  
Title

07.05.2017  
Date