

Lic. # 2020000193

912



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. Liquor on Sale - 291 seats or more \$5,767.00
- b. Liquor on Sale - Sunday \$200.00
- c. Entertainment B \$601.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ _____

Business Information

Business Address: 1217 Bandana Blvd N St. Paul MN 55108
Street City State Zip

Company Name: The Essence Event Center, Inc Doing Business As: The Essence Event Center

Company Type: Corporation X Partnership _____ Sole Proprietorship _____

Date of Incorporation: 05 / 29 / 2018 Anticipated Opening: 1 / 1

Mailing Address: 1217 Bandana Blvd N St. Paul MN 55108
Street City State Zip

Business Phone: 612-308-1655 Fax Number: _____

Applicant Information

Applicant Name: Long Huu Nguyen
First Middle Last

Title: President

Date of Birth: _____

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: 612-308-1655 Alternate 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:

Catherine *Molina* *Cuddy*
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

President
Title

01/10/2020
Date

E - 1/24/20 - lab