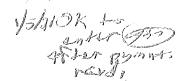
JAN 04 2021





**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.

Business Information   Business Address   Did Hudson Rd, Saint Paul MN 55106   Street   Cheers Pub LLC   Doing Business As:   Cheers Pub LLC   Doing Business As:   Cheers Pub LLC   Company Type:   Corporation   Partnership   Sole Proprietorship   Sole Proprietor	Types of License(s) be	ing applied for:			Fee(s):	
C.   Alarm Permit   ACOSO   Say   Say	a.	liquor on sale-100 seats or less			\$	\$4,891
C.   Alarm Permit   A 200 TO   S39	h.	Liquor on sale Sunday				\$200
d. Entertainment B \$613  e. Gambling Location \$77  f.   g.     Total: \$5820 .			2908	0		\$39
Company Name:   Company Type:   Corporation   Partnership   Sole Proprietorship   Date of Incorporation:   12 / 04 / 2020   Anticipated Opening:   O1 / 10 / 2021	С	Entertainment B	<u> </u>			
Business Information  Business Address:  Company Name:  Company Type:  Company Type:  Corporation  Date of Incorporation:  12 / 04 / 2020  Anticipated Opening:  Sole Proprietorship  Date of Incorporation:  Mailing Address:  Surest  Surest  City  Sole Proprietorship  City  State  Zip  Fax Number:  Partnership  City  State  Zip  Applicant Information  Applicant Name:  Dao Hoang  First  Title:  Officer  Date of Birth:  Title:  Officer  Date of Birth:  State  Lest  Date of Birth:  Title:  Officer  Date of Birth:  State  Lest  Date of Birth:  Lest  Date of Birth:  Title:  Officer  Date of Birth:  State  Zip  Adocheerspub@gmail.com	d					
Business Information Business Address:  Company Name:  Company Type:  Comporation:  Date of Incorporation:  Business Phone:  Applicant Information  Applicant Information  Applicant Name:  Date of Gircer  Date of Incorporation:  State  Date of Incorporation:  Date of Incorporation:  State  Date of Incorporation:  Date of Incorporation:  Date of Incorporation:  Date of Incorporation:  State  Date of Incorporation:  Date	е,	Gambling Location				\$77
Business Information  Business Address:  1067 Hudson Rd, Saint Paul MN 55106  Street Company Name:  Company Type:  Company Type:  Corporation Partnership Sole Proprietorship  Date of Incorporation:  12 / 04 / 2020 Anticipated Opening:  O1 / 10 / 2021  Mailing Address: Street Street City State Zip  Applicant Information  Applicant Name: Per Kevi'n Vu / AV  Date of Birth: Officer Date of Birth:  State Ucense #  Home Address: Street Street Final:  City State Date of Birth:  State Ucense #  Home Address: Street Street Officer Odocheerspub@gmail.com	f					
Business Information  Business Address: Street  Company Name:  Cheers Pub LLC  Company Type:  Corporation  Date of Incorporation:  12 / 04 / 2020  Anticipated Opening:  Malling Address:  Street  Street  Street  City  State  Zip  Anticipated Opening:  O1 / 10 / 2021  Anticipated Opening:  O1 / 10 /	g	•				
Business Address: 1067 Hudson Rd, Saint Paul MN 55106  Street Clty State Zlp Cheers Pub LLC Doing Business As: Cheers Pub  Company Name: Corporation Partnership Sole Proprietorship  Date of Incorporation: 12 / 04 / 2020 Anticipated Opening: 01 / 10 / 2021  Mailing Address: Same  Street City State Zlp  Business Phone: 651-528-7863 65 / 3 / 0 - 03 / 9 Fax Number:  Pry Kevin VIL / State  Applicant Information  Applicant Name: Dao Hoang  First Middle Last  Title: officer Date of Birth: / State Uconse #  Privers License: State Uconse #  924 Como Ave, Saint Paul MN 55103  Street Clty State Zlp  State Zlp  State Zlp  State Zlp  Adocheerspub@gmail.com					Total:	\$ 5820
Business Address: 1067 Hudson Rd, Saint Paul MN 55106  Street Clty State Zlp Cheers Pub LLC Doing Business As: Cheers Pub  Company Name: Corporation Partnership Sole Proprietorship  Date of Incorporation: 12 / 04 / 2020 Anticipated Opening: 01 / 10 / 2021  Mailing Address: Same  Street City State Zlp  Business Phone: 651-528-7863 65 / 3 / 0 - 03 / 9 Fax Number:  Pry Kevin VIL / State  Applicant Information  Applicant Name: Dao Hoang  First Middle Last  Title: officer Date of Birth: / State Uconse #  Privers License: State Uconse #  924 Como Ave, Saint Paul MN 55103  Street Clty State Zlp  State Zlp  State Zlp  State Zlp  Adocheerspub@gmail.com	Business Information					
Company Name: Cheers Pub LLC  Company Type: Corporation Partnership Sole Proprietorship  Date of Incorporation: 12 / 04 / 2020 Anticipated Opening: 01 / 10 / 2021  Mailing Address: Same  Street City State Zip  Business Phone: 651-528-7863 651-340-0319 Fax Numbers  Per Keviu Vu Jal V  Applicant Information  Applicant Name: Dao Hoang  First Middle Last  Title: officer Date of Birth:/  Drivers License:   Email: daocheerspub@gmail.com  State License #  924 Como Ave, Sainf Paul MN 55103  Street City State Zip			aul MN 551			
Date of Incorporation:   12	Company Name:			·		
Mailing Address:  Business Phone:  651-528-7863 651-340-0319 Fax Number:  Per Kevin Vu   State   Zip    Applicant Information  Applicant Name:  Title:  Officer  Date of Birth:  Drivers License:  State   License #    924 Como Ave, Saint Paul MN 55103    Street  City State   Zip    State   Zip    State   Zip    City   State   Zip    State   Zip    City   State   Zip    State   Zip    Middle   Last    Date of Birth:	Company Type:	Corporation	Partnership		Sole Proprietor	ship
Business Phone:    Street	Date of incorporation:	12 / 04 / 2020		Anticipated Opening:	01 / 10	/ 2021_
Applicant Information  Applicant Name: Dao Hoang  First Middle Last  Title: officer Date of Birth: /  Drivers License: Email: daocheerspub@gmail.com  State License#  Home Address: 924 Como Ave, Saint Paul MN 55103  Street Clay State Zip	Mailing Address:			City	Sto.	ze Zin
Applicant Information  Applicant Name: Dao Hoang  First Middle Last  Title: officer Date of Birth:/  Drivers License: Email: daocheerspub@gmail.com  Home Address: 924 Como Ave, Saint Paul MN 55103  Street Clay State Zip	. Business Phone:	* ** * * * * * * * * * * * * * * * * * *	340-03 In VIL	•		
Applicant Name:    Dao Hoang   First   Middle   Last	Applicant Information		1	V (		
Title: Officer Date of Birth:/  Drivers License: Email: daocheerspub@gmail.com  Home Address: 924 Como Ave, Saint Paul MN 55103  Street City State Zip	• •					
Drivers License: 1 Email: daocheerspub@gmail.com    State   License #		First	Middle		ast /	, ,
Home Address: 924 Como Ave, Saint Paul MN 55103 Street City State Zip			Email:		mail.com	
3166C	Home Address:		MN 55103			
	Cell Phone:				Stal	re ZIp

Supplemental Required	Inform	ation							
Are you going to operate	this busi	ness person	ally?	Yes	<u> </u>	No:			
If <u>no</u> , who will operate it?									
Operator Name:	First				Middle		Last		
Home Address:	LIISE				MIGOIG		W-174		
	Street					City		State	Zip
Date of Birth:						Phone #:			
Are you going to have a m						Yes:	No:	<u>X</u>	
If manager is <u>not</u> the sam	e as the o	pperator, p	ease comple	te the follov	ving Inform	ation:			
Manager Name:	First				Middle		Last		
Home Address:									
	Street	,	,			City		State	Zlp
Date of Birth:	<del></del>					Phone:			
Please list all other of Officer Name:			oration (A	ttach anot		if applicable.)			
	Elect				Middle	J b	Last pub@gmail.co		
Title:					Email:	adocneers	pub@giiiaii.cc	7[11	
Home Address:		Como Av	e, Saint Pa	ul MÑ 5	5103		1		
Date of Birth:	Street	<u>/· _</u>	/			City Phone:	612-716	State -0462	Zip
Officer Name:		Kevin Vu			Middle		Last		
Title:	First				****	keviny	/u1972@yaho	o.com	
Home Address:		1092 (	oine St, S	aint Paul	MN 551	03			
Home radicessi	Street					City	/10.010./	State	Zip
Date of Birth:				<u> </u>		Phone:	612-212-0	7110	
Officer Name:									
	First				Middle		Last		
Title:					Emall				
Home Address:									
Date of Birth:	Street	1	/			City Phone:		State	Zip
FALSIFICATION OF ANS I hereby state that I have a				estions and t		rmation containe		nd correct to the I	
	_				mar - h	owner		12-29-20	020
Applicant Signature					Title			Date	

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