

JAN 26 2021

OK to Enter  
Type Liq. On Sale



**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](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 - 100 seats or less \$4,891.00
- b. Liquor On-Sale Sunday \$200.00
- c. Entertainment A \$253
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 5,344 -

#### Business Information

Business Address: 879 Rice St. St. Paul MN 55117  
Street City State Zip

Company Name: Sachoua and Houa LLC Doing Business As: Smokin' Ninjas

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

Date of Incorporation: 09/01/2020 / Anticipated Opening: [Redacted] 03/01/2021

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

Business Phone: 6513355453 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Sachoua Vang  
First Middle Last

Title: Co-owner Date of Birth: \_\_\_\_\_ / \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  X  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:  X

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: Houa Vang  
First Middle Last

Title: CO-OWNER 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

Co-owner  
Title

Date

(Signature)  
1/29/2021