

240000265



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**Class "N" License Application**  
**Received** LICENSES ARE NOT TRANSFERRABLE

FEB 07 2024

Payment must be received with each application. This application is subject to review by the public.

City of Saint Paul - DSI

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- 1. Wine and beer license \_\_\_\_\_
- 2. Wine On Sale \_\_\_\_\_
- 3. Malt On Sale (Strong) \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Total: \$ 0.00

**Business Information**

Business Address: 383 University Ave W Saint Paul MN 55103  
Street City State Zip

Company Name: Christopher & Daphne LLC Doing Business As: Mandalay Kitchen

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 05/17/2023 Date of Anticipated Opening: 11/03/2023

Mailing Address: 383 University Ave W Saint Paul MN 55103  
Street City State Zip

Business Phone #: (651) 219-5887 Email Address: mandalaykitchenstp@gmail.com

**Applicant Information**

Applicant Name: Christopher Wilfred Tunbaw  
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]  
City State Zip

Cell Phone: [REDACTED] Alternate Phone #: [REDACTED]

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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: Abigail Hope Kroll  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please list all other officers of the corporation (Attach another sheet if applicable.)**

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

\_\_\_\_\_  
Owner  
Title

12/19/2023  
Date