

3/13/2023



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

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

OK
to enter
RUIH

Types of License(s) being applied for:

- | | | | |
|----|--|---------|----------------------------|
| a. | <u>LIQUOR ON SALE - 180 SEATS</u> | Fee(s): | <u>5,416.00</u> |
| | <u>101 TOR ABOVE SEATS</u> | | <u>5,882.00</u> |
| b. | <u>LIQUOR ON-SALE 2AM CLOSING</u> | | <u>55.00 \$54.00</u> |
| c. | <u>LIQUOR OUTDOOR SERVICE AREA (PATIO)</u> | | <u>79.00 \$78.00</u> |
| d. | <u>ENTERTAINMENT B</u> | | <u>\$613.00</u> |
| e. | _____ | | _____ |
| f. | _____ | | _____ |
| g. | _____ | | _____ |

Total: \$6,161.00

Business Information

Business Address: 1079 RICE ST ST. PAUL MN 55117
Street City State Zip

Company Name: Hi Hi LLC Doing Business As: Hi Hi LLC

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 5/18/2020 Anticipated Opening: 11/1/2022

Mailing Address: 1079 RICE ST. ST. PAUL MN 55117
Street City State Zip

Business Phone: 651 528 6241 Fax Number: _____

Applicant Information

Applicant Name: TOUA XIDONG
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

Drivers License: _____ Email: [REDACTED]
State License #

Home Address: [REDACTED]
Street City State Zip

Cell Phone: [REDACTED] Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: TOVA XIONG
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: _____
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: _____
/ /

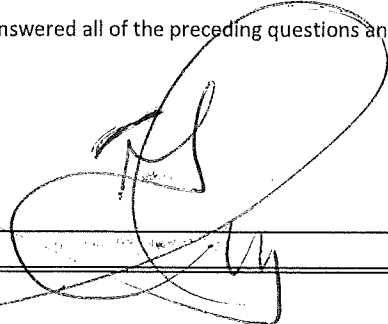
FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION.

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

Title

Date



OWNER

11/8/22