



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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|-------------------------------|----|
| 1. | Liquor On-Sale 2 a.m. closing | 59 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: **\$ 59.00**

Business Information

Business Address: 1626 White Bear Ave N St. Paul MN 55106
Street City State Zip

Company Name: Amazed Group LLC Doing Business As: Cups and Cheers

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 06/07/2018 Date of Anticipated Opening: _____

Mailing Address: 1626 White Bear Ave St. Paul MN 55106
Street City State Zip

Business Phone #: (651) 330-8614 Email Address: chang@amazedgroupllc.com

Applicant Information

Applicant Name: Nufue Chang
First Middle Last

Title: Co-Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: chang@amazedgroupllc.com
State License #

Home Address: 7799 23rd St Circle N St. Paul MN 55106
Street City State Zip

Cell Phone #: (651) 278-2452 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 #: 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:

First Middle Last

Home Address:

Street City State Zip

Date of Birth: Phone #: Email Address:

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

Officer Name: Leeyon

Yang

Title: Co-Owner

Email: Yang@amazedgroupllc.com

Home Address: 1272 Highway 36W

Roseville

MN

55113

Date of Birth: Phone #: (651) 387-5375

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. 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.

Applicant Signature

co-owner
Title

5/28/25
Date