



**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

**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. | <u>Liquor On Sale 100 seats or less</u>    | <u>5,361.00</u> |
| 2. | <u>Liquor On Sale - Sunday</u>             | <u>200.00</u>   |
| 3. | <u>Liquor Outdoor Service Area (patio)</u> | <u>85.00</u>    |
| 4. | _____                                      | _____           |
| 5. | _____                                      | _____           |
| 6. | _____                                      | _____           |
| 7. | _____                                      | _____           |

Total: ~~\$0.00~~ **5,646**

### Business Information

Business Address: 740 Cleveland Ave S Saint Paul MN 55116  
Street City State Zip

Company Name: Sakana Saint Paul LLC Doing Business As: Sakana

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 3/06/2003 Date of Anticipated Opening: 3/1/2024

Mailing Address: 740 Cleveland Ave S Saint Paul MN 55116  
Street City State Zip

Business Phone #: 651 699 7777 Email Address: Sakanastpaul7777@gmail.com

### Applicant Information

Applicant Name: Lin Xu  
First Middle Last

Title: president Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_

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

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

## Supplemental Required Information

Are you going to operate this business personally?

Yes:



No:



If no, who will operate it?

Operator Name:

Lin

Xu

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:

Fei Fei

Cheng

Home Address:

Date of Birth:

Phone #:

Email Address:

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

Officer Name:

Ju

Lin

First

Middle

Last

Title:

Email:

Home Address:

Date of Birth:

Phone #:

Officer Name:

~~Lixia~~

Lixia

Yan Chen

First

Middle

Last

Title:

Email:

Home Address:

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

Title

President

Date