

Cell Phone #:

Receive Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

OCT 3 7 2023

Payment must be received with each application. This application is subject to

City of Saint Paul - DSI

review by the public.

		City of cients		
This application	requires District Council noti	fication prior to submission.		
Types of License	e(s) being applied for:		Fee(s):	
1. <u>Cla</u>	ass N license C	Istrict Council	Torm	
2.	lass # B Ente	ortainment license	\$67	12
4				
5				
6.				
7.		·		
Business Informati	ion		Total: \$0.00	
Business Addres	ss: 191 7th St. E. e: #I Cameday LIC	St. Paul	MM	55/01 Zip
Company Nam	e: #I Cameday LIC	Doing Business As	: #1 Couneday	
Company Typ	e: Corporation	Partnership 🔘	Sole Proprietorship 🤄	9-
Date of Incorporatio	n:	Date of Anticipated Openin	g:	- Auditorian - Aud
Mailing Addres	Street	City	State	Zip
Business Phone	#:	Email Add	ress:	***************************************
Applicant Inform	nation			
Applicant Na	ame: Manyone	Middle Kig	omanyrong	
Title	^	Date of Birt	th:	
Drivers License	e;			
Home Address				

Alternate Phone #:

Supplemental Required Information

Are you going to operate If <u>no</u> , who will operate i		onally? Yes:		No: ()		
Operator Name:	First		Middle		Last		
Home Address:	Street			City		State	Zip
Date of Birth:	, , , , , , , , , , , , , , , , , , ,		ii a tala b				
Are you going to have a	manager or assista	nt in this busine	ss?	res: 🚫	No:		
f manager is <u>not</u> the sa	me as the operator,	, please complet	e the follo	wing infor	mation:		
Manager Name:	rst		Middle		Last		
2.07					Last		
Home Address: ${St}$	treet	Phone #:		City	Email Address:	State	Zip
Date of Birth:							
Please list all other	officers of the co	rporation (Att	ach ano	her shee	et if applicable.)		
Officer Name:							
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:							
Officer Name:	,						
Officer Name.	First		Middle		Last		
Title:			Email:			***	
Home Address:	Street			City		State	Zip
	Street					200	
Date of Birth.		FIIOHE #		-			

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.

Juner 10/27/23

LICENSE APPLICATION NOTIFICATION

License Number:

20220002125

Application for:

Liquor On Sale - 100 seats or less, Liquor On Sale – Sunday, Liquor On Sale - 2 AM Closing, Liquor-Outdoor Service Area (Sidewalk), and Gambling Location. **Addition of**

an Entertainment (B) license

License at:

191 7th St E

Licensee:

#1 Gameday LLC, doing business as #1 Game Day

Manyvone Keomanyvong, owner, 651-442-7515

Existing License Conditions:

- 1. Licensee agrees to limit the placement of table(s)/chair(s) on the public sidewalk to the area and number of seats shown on the approved sidewalk seating plan on file with the Department of Safety and Inspections (DSI) and Public Works.
- 2. Each year prior to the placement of table(s) and/or chair(s) in the public right-of-way (i.e., sidewalk), the licensee agrees to obtain a new Obstruction Permit from the Department of Public Works. Licensee agrees to maintain the sidewalk café in accordance with the conditions placed on an approved Obstruction Permit, acknowledges that an Obstruction Permit is effective on April 1 and expires on October 31 of each year, that table(s) and/or chair(s) may not be placed in the public right-of-way before or after the effective/expiration dates, and that a failure to comply with this condition will result in adverse action being taken against all of their licenses.
- 3. Licensee agrees to take appropriate action(s) to ensure that the sale, display, and/or consumption of alcoholic beverages is contained within the defined alcohol service area as per the approved plan on file with DSI.

Recommended Additional License Conditions: none

Deadline for Response Date: Thursday, November 30, 2023 at 4:30 p.m.

If you have any objections to the license application, you must respond in writing by Thursday, November 30, 2023 to:

Legislative Hearing Officer 310 City Hall 15 West Kellogg Blvd. Saint Paul, MN 55102

Or email to: LH-Licensing@ci.stpaul.mn.us

If you have any questions, please contact DSI Inspectors Ross Haddow or Jeff Fischbach at 651-266-8989.

Notice Mailed: Wednesday, November 30, 2023