

Received

MAY 23 2025

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi City of Saint Paul - DSI

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 - Sunday | \$200.00 |
| 2. | Liquor on Sale - 100-180 seats | \$5,937.00 |
| 3. | Entertainment A | \$278.00 |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ ~~6,415~~ 6,415

Business Information

Business Address: 945 Rice St. Suite A St. Paul MN 55117
Street City State Zip

Company Name: Leela Nightclub LLC Doing Business As: Leela Thai Restaurant

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 01/01/2025 Date of Anticipated Opening: 05/10/2025

Mailing Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Business Phone #: (651) 440-1113 Email Address: leelanightclub2025@gmail.c

Applicant Information

Applicant Name: Srisawang Lee
First Middle Last

Title: President Date of Birth: [REDACTED]

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

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

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

Supplemental Required Information

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

Yes: ☒

No: ☐

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:

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. 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.

[Redacted Signature]

President

Title

5/23/2025

Date