

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](http://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