3/13/2023

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
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.

OK to enter RUH

Types of License(s) being applied for: **Fee(s):**

a.	LIQUOR ON SALE - ~~101 OR MORE SEATS~~ 180 SEATS	~~$5,882.00~~ $5,416.00
b.	LIQUOR ON-SALE 2AM CLOSING 55.00	~~$54.00~~
c.	LIQUOR OUTDOOR SERVICE AREA (PATIO) 79.00	$78.00
d.	ENTERTAINMENT B	$613.00
e.		
f.		
g.	6163.00	~~$6,161.00~~

Total: ~~$6,827.00~~

Business Information

Business Address: 1079 RICE ST (Street) ST. PAUL (City) MN (State) 55117 (Zip)

Company Name: HI HI LLC **Doing Business As:** HI HI LLC

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 5 / 18 / 2020 **Anticipated Opening:** 11 / 1 / 2022

Mailing Address: 1079 RICE ST. (Street) ST. PAUL (City) MN (State) 55117 (Zip)

Business Phone: 651 528 6241 **Fax Number:** _____

Applicant Information

Applicant Name: TOUA (First) _____ (Middle) XIONG (Last)

Title: OWNER **Date of Birth:** [redacted]

Drivers License: _____ (State) _____ (License #) **Email:** [redacted]

Home Address: [redacted] (Street) (City) (State) (Zip)

Cell Phone: [redacted] **Alternate Phone:** _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: TOUA (First) _____ (Middle) XIONG (Last)

Home Address: [redacted] (Street) (City) (State) (Zip)

Date of Birth: [redacted] Phone #: [redacted]

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: _____

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.

Applicant Signature | OWNER (Title) | 11/8/22 (Date)