CITY OF SAINT PAUL
Department of Safety and Inspections
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.

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

a.	Liquor On Sale 101 - 180 seats	5,416.00
b.	Liquor On Sale (Sunday)	200.00
c.	Entertainment (B)	613.00
d.	Liquor Outdoor Service Area (Patio	78.00
e.		
f.		
g.		

79.00

Total: $6,307.

Business Information

Business Address: 1756 Old Hudson Rd. (Street) St. Paul (City) MN (State) 55106 (Zip)

Company Name: Xieng Khouang Restaurant LLC **Doing Business As:** Xieng Khouang Restaurant & Hall

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: / / **Anticipated Opening:** 02/01/2023

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

Business Phone: _____ **Fax Number:** _____

Applicant Information

Applicant Name: Spencer (First) Kong (Middle) Thao (Last)

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

Drivers License: [redacted]

Home Address: [redacted]

Cell Phone: [redacted]

Supplemental Required Information

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

If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: ____/____/____ Phone #: _____

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.

[redacted] Owner 10/05/2022
Title Date