

240001032



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received

JUN 12 2024

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Liquor on-sale - 291 or more seats \$16,448.00
2. Liquor on-sale Sunday \$200
3. Entertainment B \$672
4. _____
5. _____
6. _____
7. _____

Total: \$0.00

Business Information

Business Address: 1100 White Bear Ave. ST. Paul, MN 55106
Street City State Zip

Company Name: Lucky Golden Dragon LLC Doing Business As: White Dragon Hall

Company Type: Corporation ☒ LLC Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 07/19/2023 Date of Anticipated Opening: when license is approve

Mailing Address: _____
Street City State Zip

Business Phone #: 651-528-8802 Email Address: white.dragon.hall@gmail.com

Applicant Information

Applicant Name: Kao Hlee Lee
First Middle Last

Title: Owner / CEO Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone #: _____ 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:

Kao Hlee

First

Middle

Last

Title:

owner

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.

Applicant

Title

Date

Owner

05/01/2024