



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--|-----------------|
| 1. | <u>Liquor On Sale 100 seats or less</u> | <u>5,361.00</u> |
| 2. | <u>Liquor On Sale - Sunday</u> | <u>200.00</u> |
| 3. | <u>Liquor Outdoor Service Area (patio)</u> | <u>85.00</u> |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: ~~\$0.00~~ **5,646**

Business Information

Business Address: 740 Cleveland Ave S Saint Paul MN 55116
Street City State Zip

Company Name: Sakana Saint Paul LLC Doing Business As: Sakana

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 3/06/2003 Date of Anticipated Opening: 3/1/2024

Mailing Address: 740 Cleveland Ave S Saint Paul MN 55116
Street City State Zip

Business Phone #: 651 699 7777 Email Address: Sakanastpaul7777@gmail.com

Applicant Information

Applicant Name: Lin Xu
First Middle Last

Title: president Date of Birth: _____

Drivers License: _____

Home Address: _____
City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes:



No:



If no, who will operate it?

Operator Name:

Lin

Xu

Home Address:

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:

Fei Fei

Cheng

Home Address:

Date of Birth:

Phone #:

Email Address:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name:

Ju

Lin

First

Middle

Last

Title:

Email:

Home Address:

Date of Birth:

Phone #:

Officer Name:

~~Lixia~~

Lixia

Yan Chen

First

Middle

Last

Title:

Email:

Home Address:

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 Signature

Title

President

Date