



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.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Total:

Business Information

Business Address: _____
Street City State Zip

Company Name: _____ **Doing Business As:** _____

Company Type: **Corporation** **Partnership** **Sole Proprietorship**

Date of Incorporation: _____ **Date of Anticipated Opening:** _____

Mailing Address: _____
Street City State Zip

Business Phone #: _____ **Email Address:** _____

Applicant Information

Applicant Name: _____
First Middle Last

Title: _____ **Date of Birth:** _____

Drivers License: _____ **Email:** _____
State License #

Home Address: _____
Street 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: _____
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.

Applicant Signature

Title

Date



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Personal Affidavit

Personal Information:

Full Name:

(First) (Middle) (Last)

Previous Name(s):

(Include maiden name, also known as (AKA's), "aliases".)

Current Address:

(Number & Street) (City) (State) (Zip)

Home Phone:

Cell Phone:

Date of Birth:

Drivers License:

State: License #

Work History:

(Past 5 years)	Company	Title	Dates Employed
	Company	Title	Dates Employed
	Company	Title	Dates Employed

Previous Addresses:

(Past 5 years)	(Number & Street)	(City)	(State)	(Zip)
	(Number & Street)	(City)	(State)	(Zip)
	(Number & Street)	(City)	(State)	(Zip)

Arrest History:

Date	State	Conviction(s)
Date	State	Conviction(s)

Ownership:

(Check all that apply):

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Member (LLC Only)	<input type="checkbox"/> Other - Specify
<input type="checkbox"/> General Partner	<input type="checkbox"/> Director	<input type="checkbox"/> Financier/Lender	<input type="checkbox"/> Stockholder ____ %	_____

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CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature:

Date:

Subscribed and affirmed before me in the county of _____, State of _____
this _____ day of _____, 20_____.

Notary Signature _____

Commission Expiration _____