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.

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

a. _____ _____

b. _____ _____

c. _____ _____

d. _____ _____

e. _____ _____

f. _____ _____

g. _____ _____

Total: $ -

Business Information

Business Address: _____
Street City State Zip

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

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

Date of Incorporation: ____ / ____ / ____ **Anticipated Opening:** ____ / ____ / ____

Mailing Address: _____
Street City State Zip

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

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:** _____

(Continued on back)

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.

_____ _____ _____
Applicant Signature Title Date

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

Department of Safety and Inspections
Ricardo X. Cervantes
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Fax: 651-266-9124
Web: www.stpaul.gov/dsi

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:** _____
(MM/DD/YYYY) State: License Number

Work History:

(Past 5 years)

Company	Title	Dates Employed

Previous Addresses:

(Past 5 years)

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

Criminal History:

Date	State	Conviction(s)

Ownership:

(Check all that apply:)

☐ Sole Owner ☐ Partner ☐ Officer ☐ Member (LLC Only) ☐ Other - Specify
☐ General Partner ☐ Director ☐ Financier/Lender ☐ Stockholder ____% _____

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.

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 _____

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

License Number: _____

Zoning Addendum

An applicant must provide details related to the physical layout of the business for which a license is being requested. Please complete the following document and attach supporting documents.

***Zoning approval will not be granted for this license request without this information.**

Business Name: _____

Business Address: _____ **Business Type:** _____

Licensee Name: _____ **Phone:** _____

Please answer the following questions (If business is located in St. Paul proper):

a. What is the gross floor area for this business? _____

b. What was the previous use of this space? _____

c. How many off-street parking spaces are provided for this business only? _____

d. Is the parking leased or owned? _____

e. How many different uses are in the building? _____

i. What are these uses? What is the gross floor area for each?

a. _____
Use: Area:

b. _____
Use: Area:

c. _____
Use: Area:

ii. Are there any bar/restaurants in the building operating after midnight? Yes ☐ No ☐

If Yes, Please list them: _____

f. Do you own the property or are you leasing it? _____

Answer these questions if you are applying for a restaurant license:

a. Do you intend to have a drive-thru window? Yes ☐ No ☐

b. Will you have a permanent menu board? Yes ☐ No ☐

c. Do you intend to serve liquor? Yes ☐ No ☐

d. Is this a restaurant associated with a Chain or Franchised business? Yes ☐ No ☐

e. Will customers pay for their food before Consuming it? Yes ☐ No ☐

f. Is a self-service condiment bar proposed? Yes ☐ No ☐

g. Are trash receptacles provided for self-service bussing? Yes ☐ No ☐

h. Will there be hard finished, stationary seating? Yes ☐ No ☐

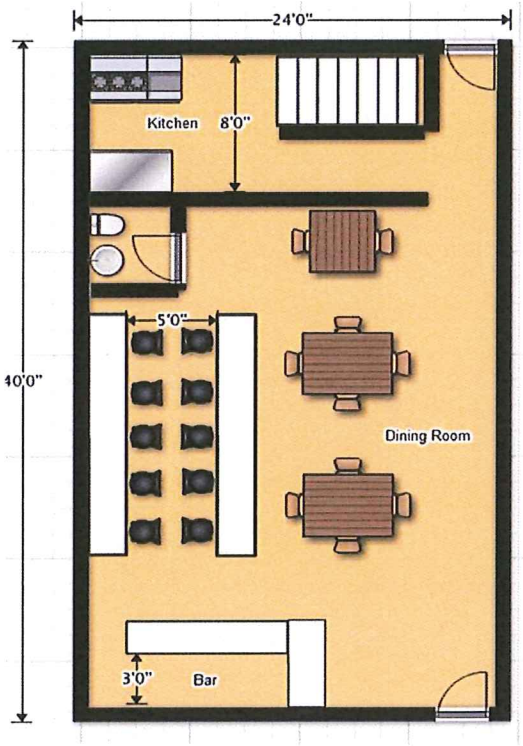
i. Are your main course food items... Pre Packaged ☐ To Order ☐

Please attach the following documents:

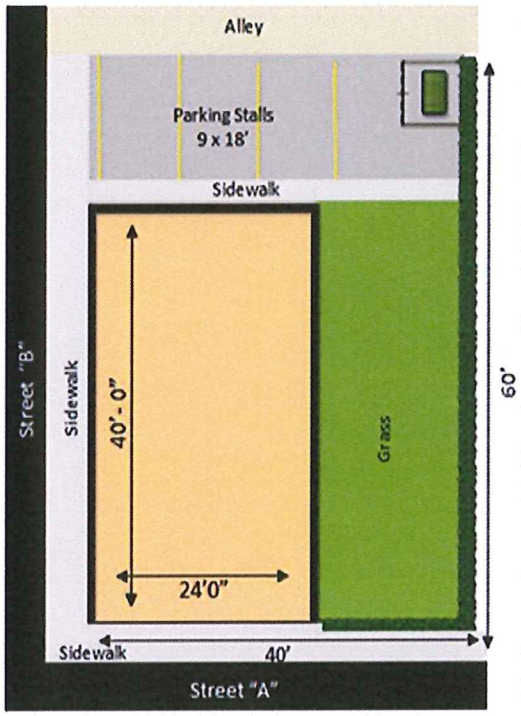
a. Floor Plan Pertaining to License Area (Please see examples below)
   i. Drawn to scale
   ii. Showing dimensions
   iii. Furniture
   iv. All spaces/rooms labeled for use including Ingress & Egress
   v. Showing placement of all equipment (ex. Kitchen equipment, work tables, entertainment devices)

b. Site Plan Pertaining to Licenses Property (Please see example below)
   i. Drawn to scale
   ii. Showing dimensions
   iii. Showing all property lines
   iv. Showing the parking lot
   v. Label all rooms/spaces

Floor Plan



Site Plan



Employee Sign Off _____ Date _____

ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Licensee's Name: _____

DBA: _____

Business Address: _____

Business Phone: _____ Preferred Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: _____ Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

☐ **American Express** ☐ **Discover** ☐ **MasterCard** ☐ **Visa**				**Expiration Month/Year ►►**							**Security Code ►►**						
Enter Account Number ►																	

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.
If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

_____ _____

Signature (REQUIRED for all applications) Date

Certificate of Compliance
Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	
BUSINESS ADDRESS (PO Box must include street address) CITY STATE ZIP CODE	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the Workers' Compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

_____

Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.