



**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](http://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:** \_\_\_\_\_

**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