

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager if different from Applicant

Manager's Name: _____ **Other Name(s) Used:** _____
First Middle Maiden Last Title

Home Address: _____ **Home Phone:** _____ / _____ - _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ **Place of Birth:** _____ **Driver's License #** _____

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: _____ **Other Name(s) Used:** _____
First Middle Maiden Last Title

Home Address: _____ **Home Phone:** _____ / _____ / _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ **Place of Birth:** _____ **Driver's License #** _____

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: _____ **Other Name(s) Used:** _____
First Middle Maiden Last Title

Home Address: _____ **Home Phone:** _____ / _____ / _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ **Place of Birth:** _____ **Driver's License #** _____

The following additional information is required for your application to be complete: *(check if received)*

- Zoning Worksheet + Floor plan & Site plan.**
- Property Lease Agreement or Proof of Ownership**

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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Applicant Signature (Required) Title Date

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

Zoning Summary Sheet*

License ID# (Office Use) _____

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

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

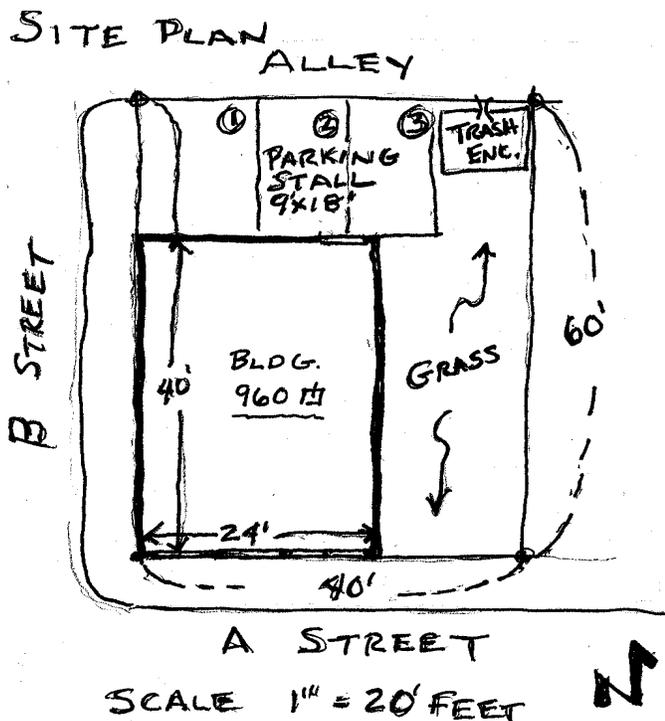
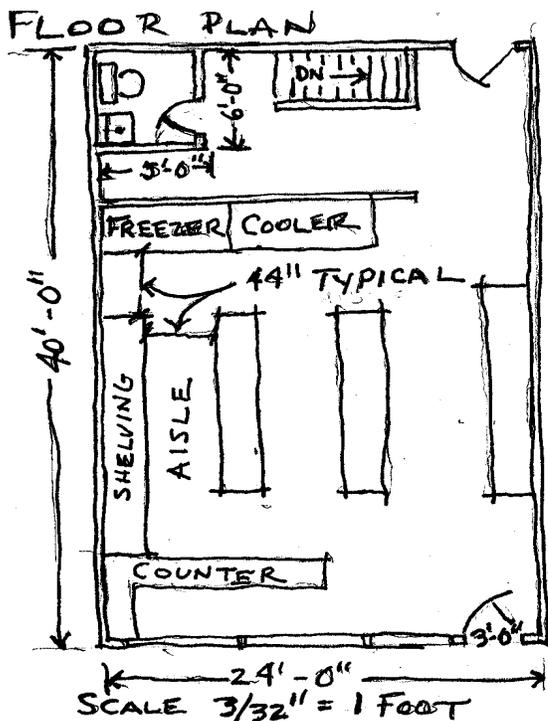
Business Address _____ Business Type _____
Street Address

Business Name _____

Licensee/Owner Name: _____ Day Phone: ____/____ - ____
(Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651-266-9083 if you have questions about the information needed on this form.

| | |
|--|---|
| <p>1. What is the gross floor area for this business? _____ square feet.</p> <p>2. What was the previous use of this space? _____</p> <p>3. How many off-street parking spaces are provided for this business? _____</p> <p>4. How many different uses are in the building? _____</p> <p>5. What are these uses? _____</p> <p>6. Do you own the property or are you leasing it? _____</p> | <p>7. Do you intend to have a drive-thru window? ____ yes ____ no</p> <p>8. Will you have a permanent menu board? ____ yes ____ no</p> <p>9. Do you intend to serve liquor? ____ yes ____ no</p> <p>10. Is this a restaurant associated with a Chain or franchised business? ____ yes ____ no</p> <p>11. Will customers pay for their food before consuming it? ____ yes ____ no</p> <p>12. Is a self-service condiment bar proposed? ____ yes ____ no</p> <p>13. Are trash receptacles provided for self-Service bussing? ____ yes ____ no</p> <p>14. Will there be hard finished, stationary seating? ____ yes ____ no</p> <p>15. Are your main course food items Prepackaged ____ or made to order? ____</p> |
|--|---|





ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

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

Please Type or Print In Ink

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

Form with checkboxes for American Express, Discover, MasterCard, Visa, and fields for Expiration Month/Year, Security Code, and 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.

MN LIC 04 (11/08)