



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
**Phone:** 651-266-8989  
**Web:** [www.stpaul.gov/dsj](http://www.stpaul.gov/dsj)

## Class "R" 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):

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 ____ %	_____

### 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 \_\_\_\_\_



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DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
ANGIE WIESE, PE(MN), CBO, DIRECTOR

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124  
Visit our Web Site at: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**ZONING ADDENDUM**

An applicant must provide details related to the physical layout of the business for which the license is being requested. Please complete the following document and attach supporting documents. Zoning approval will not be granted for this license request without the following Information.

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
License 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? \_\_\_\_\_  
Lease                      Own
- e. How many different uses are in the building? \_\_\_\_\_
- f. What are the uses and area for each?  
a. \_\_\_\_\_ Area: \_\_\_\_\_  
b. \_\_\_\_\_ Area: \_\_\_\_\_  
c. \_\_\_\_\_ Area: \_\_\_\_\_
- g. Are there any bar/restaurants open after midnight in the building? Yes      No  
If yes, please list them: \_\_\_\_\_
- h. Do you own or lease the property? \_\_\_\_\_  
Lease                      Own

Answer the following questions if you are applying for a restaurant license:

- a. Do you intend to have a drive-thru window? Yes      No
- b. Do you intend to serve alcoholic beverages? Yes      No
- c. Will you have a permanent menu board? Yes      No
- d. Is this 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 or made to order? Pre-packaged      Made to order



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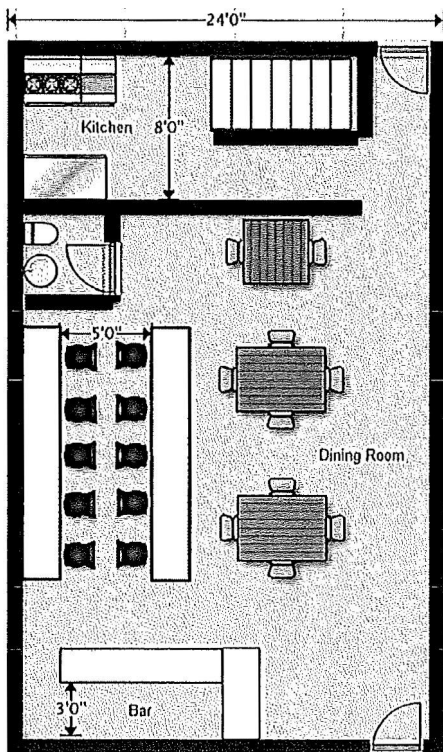
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### ZONING ADDENDUM

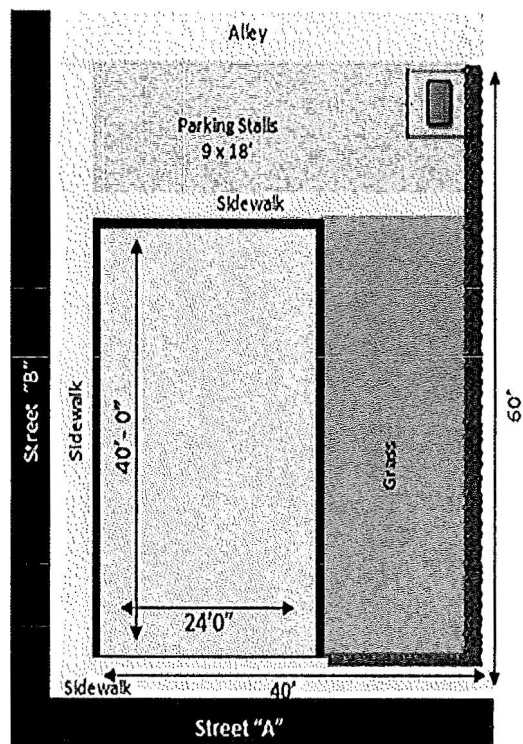
Please attach the following documents:

- a. Floor Plan Pertaining to Licensed Area (Please see examples below)
  - I. Drawn to scale
  - II. Showing dimensions RSFG
  - III. Furniture
  - IV. All spaces/rooms labeled for use Including ingress and egress
  - IV. Showing placement of all equipment (e.g., kitchen equipment, worktables, entertainment devices, etc.)
- b. Site Plan Pertaining to Licensed 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**



DSI Zoning Approval: \_\_\_\_\_ Date \_\_\_\_\_



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**ADDENDUM TO  
LICENSE APPLICATION**

**CONTAINS NON-PUBLIC DATA**

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.

**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](http://www.revenue.state.mn.us).

Tax Identification Number: \_\_\_\_\_

Select 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, by the City and/or a third-party service provider.

If you are paying for your permit by *American Express, Discover, MasterCard or Visa*, please carefully fill in the form below, including your signature. You may fax your entire application to our office at: 651-266-9124.

If paying by check, please mail the application and payment to us at: 375 Jackson Street, Suite 220, St. Paul, MN 55101.

Zip Code:					Signature:												
<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	EXP (MM/YY)						Verification code (CVV2)							
Account Number:																	

**Note: A 2.49% service fee will be charged for all credit/debit card transactions.**

# 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)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**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 HAVE INSURANCE:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**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
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**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.