

Saint Paul, Minnesota 55101 **Phone**: 651-266-8989 Web: www.stpaul.gov/dsi

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.				
6.				
7.				
			Total:	
Business Information			<u>-</u>	
Business Address:	reet	City	State	Zip
			ess As:	·
Company Type:	Corporation	Partnership	Sole Proprietorship	
Date of Incorporation:		Date of Anticipated C	pening:	
Mailing Address: St	reet	City	State	Zip
			il Address:	
Applicant Information	on			
Applicant Name:	First	Middle	Last	
			of Birth:	
Drivers License:	State License #	Email:		
Home Address:		City		7
	reet	· ·	Phone #:	Zip

Supplemental Required Information

Applicant Signature

	First		Middle	Last		
Home Address:			City			7.
	Street		·		State	Zip
Date of Birth:		Phone #:		Email Address:		
e you going to have a	manager or ass	istant in this busin	ess? Yes:	No:		
manager is <u>not</u> the sa	me as the opera	ator, please comple	ete the following in	nformation:		
Manager Name:						
Fi	rst		Middle	Last		
Home Address:					Chin	71.
	reet	Phone #:	City	Email Address:	State	Zip
Date of Birth:						
Officer Name:	First		Middle	Last		
Title:			Email:			
Home Address:	Street		City		State	Zip
Date of Birth:		Phone #:				
2000012						
Officer Name:						
	First		Middle	Last		
Title:			Email:			
Home Address:	Street		City		State	Zip
1101110710010551		Phone #:				
Date of Birth:						
Date of Birth:						
	First		Middle	Last		
Date of Birth:	First			Last		
Date of Birth: Officer Name: Title:	First					
Date of Birth: Officer Name:	First				State	Zip
Date of Birth: Officer Name: Title: Home Address:	First	Phone #:	Email:			

Title

Date



Saint Paul, Minnesota 55101 **Phone**: 651-266-8989 Web: www.stpaul.gov/dsi

Personal Affidavit

Previous Name(s): (Include maiden name, also known as (AKA's), "aliasses".) Current Address: (Number & street) Date of Birth: Date of Birth: Company Title Dates Employed Citle Company Title Dates Employed Citle Ci		(First)		(Middle)	(1	ast)	
Current Address: (Number & Street)	Previous Name(s):				(-		
Home Phone: Date of Birth: Drivers License: State: License # Nork History: (Past 5 years) Company Title Dates Employed Company Title Dates Employed Company Title Dates Employed Dates Employed Company Title Dates Employed Company Title Dates Employed Company Title Dates Employed Company Title Dates Employed Citly Citly Citly Citly Citly Citle (Number & Street) (Number & Street) (Citly) Citle Date Conviction(s) Company Citle Date State Conviction(s) Company Citle Date Date State Conviction(s)	Current Address:	(Include maiden na	me, also known a	s (AKA's), "aliases".)			
Nork History: (Past 5 years) Company Title Dates Employed City City City City City City Citate (Number & Street) (Number & Street) (City) City Cit	Home Phone:	(Number & Street)		(City)	Cell Phone:	(State)	(Zip)
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	hereby consent to and au provided to check criminal and its City Attorney to det	ithorize the Saint P histories, arrest an ermine my eligibilit	d driving records y for a Class N L	s, and warrant information icense. I understand that	n; and for the Poli the information c	ce Department to ontained in the c	o provide these records to DSI riminal background investigatio
Subscribed and affirmed before me in the county of , State of , State of	Applicant Signature	::			C	Pate:	
	Subscribed and affir	med before me	e in the coun	ty of		, State of	
this day of , 20	thic	_ day of		. 20			
	u iis						



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: <u>www.stpaul.gov/dsi</u>

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.

Busi	ness Name: E	Business Type:			
Lic	ense Name:	Phone: _			
Please	answer the following questions (if business Is located In St, Paul pr	oper):			
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?			
	Is the parking leased or owned?	_	Lease	Own	
	How many different uses are in the building?				
	What are the uses and area for each?	_			
'•	What are the ases and area for each.	a			
		c			Area:
g.	Are there any bar/restaurants open after midnight in the buidling?		Yes	No	
J	If yes, please list them:				
h.	Do you own or lease the property?		Losso	Own	
Answe	er the following questions if you are applying for a restaurant licens	e:	Lease	OWII	
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



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

ZONING ADDENDUM

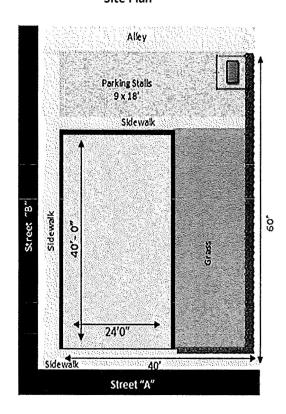
Please attach the following documents:

- 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

Kitchen g'o" Dining Room Bar

Site Plan



DSI Zoning Approval: _____ Date ____



Number:

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

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	e type	or prir	nt ir	n ink.							
Licensee's	s Name	e:																	_
DBA:																			_
Business	Addres	s:																	_
Business	Phone:								Prefer	red Ph	one	<u></u>							_
TAX IDE	NTIFI	CATIO	NUM I	BER															
Minnesot provide o (FEIN), or	ne of t	he follo	wing thre	ee identif	ication t	_													-
This data or renewa tax identi Departme	al of you fication	ur licens numbei	e in the e r will resu	event you ult in den	i owe Mi ial of you	nnesot ur licen	ta s ise a	ales, em applicat	ıployer' ion. Un	s withh der the	nold Fee	ing or m deral Ex	notor ve	ehicle exci	se tax	es. Re	fusal	to provid	
More info	ormatio	n can be	e obtaine	ed from t	he Minn	esota	De _l	partmer	nt of Re	venue	at 6	551-296	-6181 c	or <u>www.re</u>	venue	e.state	e.mn.ı	JS.	
Tax Ider	ntificat	ion Nu	ımber:_																
Select ty	pe:		MN Ta	ax ID	FEII	N		SSN											
PAYMEI	NT IN	FORM	ATION																
You must used to p	pay all	applical	ole fees b	pefore yo y the City	our licens and/or	se will l a third	be i I-pa	issued. \ arty serv	ou ma	y pay b vider.	у са	ash, che	ck or cr	edit card.	Acco	unt in	forma	tion will	be
If you are signature											, ple	ase car	efully fi	ll in the fo	rm be	elow, i	ncludi	ng your	
If paying b		-									Stre	et, Suite	e 220, S	t. Paul, Mi	N 551	01.			
Zip Code:					Signa	ture:													
АМЕХ	U Vi	sa 🗌	MasterC	ard	Discove	er	EX	P (MM/\	(Y)				ĺ	Verificati				ĺ	
Account							<u> </u>			Ī	Ī			T		Ĩ	<u> </u>		

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 use	d)	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 IS You must complete i	number 1, 2 o	3 below.	OWING INFO	RMATION.		
NUMBER 1 COMPLETE THIS PORTION IF YOU	J HAVE INSUR	ANCE:				
INSURANCE COMPANY NAME (not the insurance agent)						
WORKERS' COMPENSATION INSURANCE POLICY NO.		EXPIRATION DA	ATE			
NUMBER 2 COMPLETE THIS PORTION IF SEL	_F-INSURED:					
☐ I have attached a copy of the permit to self-insure.						
NUMBER 3 COMPLETE THIS PORTION IF EXE						
I am not required to have workers' compensation insurance	coverage because	e:				
☐ I have no employees. ☐ I have employees but they are not covered by the worke excluded employees.) Explain why your employees are ☐ Other:		law. (See Mir	nn. Stat. § 176.0	41 for a list of		
Utiler						
ALL APPLICANTS COMPLETE THIS PORTION I certify that the information provided on this form is ac business, I certify that I am authorized to sign on behal	curate and comp		signing on beha	alf of a		
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.