SAINT PAUL

CITY OF SAINT PAUL

Department of Safety and Inspection 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

Class "N" License Community Notification Form

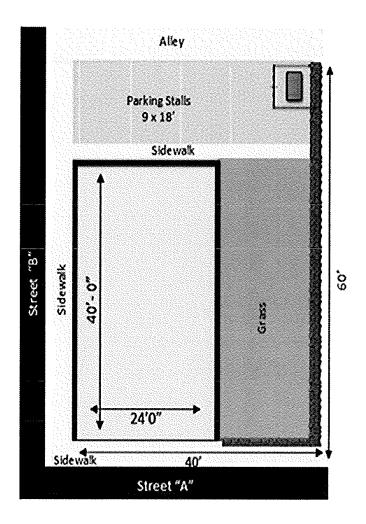
Please complete this form and submit it to the appropriate District Council prior to submitting your application to the City. This notification will allow time for the community to provide feedback to the city on your proposed business.

Business Information:				
Applicant Name:	Title:			
First	Last			
Contact Person:		Phone/Ema	il:	
First	Last			
Business Type:		Date of Anticipated	Opening:	<i></i>
Business Address:				
Street			State	
Company Name:	Company Name: Doing Business As:			
Will you operate the business Perso	onally? Yes	No		
If <u>no</u> , who will operate it?				
First (or Co	ompany)		ist	
Zoning Variance Information:				
Zonnig variance information.				
Have you sought a Zoning variance? If	so, for what:			
				
When do you anticipate a decision by	the City on your	request ?		
Do you intend to seek a parking agree	ment? Yes_	No		
If yes, please provide more informatio	n:			
Zoning Information:				
Please answer the following questions	(if business is lo	cated in St. Paul prop	per):	
A. What is the gross floor area for	this business?			
0				
B. What was the previous use of t	hic chaco?			

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? If yes, please list them:					
						
F.	Do you	own the property or are you leasing it?				
G.	Busine	ess Plan				
	Please provide details of your business plan for the business for which a license is being requested.					
	a.	Description of Business				
	b.	Days and Hours Business will be Operating				
	C.	All Businesses Services Provided				
	d.	Outside usage i. Explain all use(s) of outside areas, including all potential activities and associated times				
	vide de	Safety, noise, and neighborhood livability scription of planned activities to prevent/address safety and neighborhood livability uding a security plan.				

H. Please attached a site plan of the licensed property (see provided example)

I. Drawn to scaleII. Showing dimensionsIII. Showing all property linesIV. Showing the parking lotV. Label all rooms/spaces



Please answer these questions if you are applying for a restaurant/bar/brewery license:

A.	Do you intend to have a drive-thru window?	Yes	No
В.	Will you have a permanent menu board?	Yes	No
C.	Do you intend to serve liquor?	Yes *	No
D.	Is this restaurant associated with a chain or franchised bus	iness? Yes	No
Ε.	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
Н.	Will there be hard finished, stationary seating?	Yes	No
I.	Are your main course food items	Pre Packaged	To Order

J. If you intend to have outdoor seating, please provide additional detail regarding the size of the space and location (sidewalk or patio), hours of operation (if they vary from business hours), how the space will be lit, if live entertainment will be offered, etc.

A. Where do you intend to serve liquor (indoor, outdoor, main level, etc.)?

^{*} Please answer the following additional question if you intend to serve liquor