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## CITY OF ST. PAUL

OCT 2 6 2009 CLASS R LICENSE APPLICATION

375 JACKSON STREET, SUITE 220

LICENSES ARE NOT TRANSFERRABLE

nana	ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-9090 Fax: 651-266-9124 Visit our Web Site at www.stpaul.com/drivity/ INI D.S.	Payment must be received with {This application is subject to revi	
☐ Business Address	OCT 1 3 2009	Name on Business Sign (dba)	Date
(Number, street name, dire	ection, etc.)		

Licensee/Owner Name: Sardia Kay Belisle owner Birth Date: 129/53 (Responsible Party) First Middle Maiden Last Title	
Do you have any other names you have used? (list them here)_ Englhadt	
Home Address: 3410 Surrey leight Egan 55/Home Phone: 65/497- 1368	
Place of Birth: Namsey Driver's License # WO 13 2 44 13 1404	(LM)
Business Phone 65/ 1644 - 6475 Fax: NA - E-Mail/Web Site:	7
Company Name: Sulip put Dog 1 Cat Milly (Circle: (Corporation) Partnership Sole Proprietorship)	
Address(If different from Business Address):  Street Address City State Zip+4  Business Phone:	
E-Mail /Web Site:	
Preferred Mailing Address: 360 Clifton St St Paul, men	
(Place Y in the   by preferred mailing address listed above or provide alternative address on line above)	4
Anticipated Date of Opening: 10 / 7 / 6 9  Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)	4
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Types of License(s) being applied for: (Office Use Only)	
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Det Baarden - Commercial	4
Hnimal U	1
Total	
☐ American Express ☐ Discover ☐ MasterCard ☐ Visa	1
Enter Account Number ▶	2
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Signature of Cardholder:

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION					
Business Manager if different from Applicant					
Manager's Name:  First Middle Maiden Last Title  Any other Name(s) Used:					
Home Address:  Street Address City State Zip+4  Home Phone:					
Birth Date:/ Place of Birth: Driver's License #					
Other Person(s) to Appear on Business License as Shareholders/Officers/Partners					
Name: Andra L. Belisle Middle Maiden Last Title Any Other Name(s) Used:					
Home Address: 34/0 Luney lughts 55/21 Home Phone: 65/497/7368					
Birth Date: 129153 Place of Birth: Ramsey Briver's License # W013244131404					
Name: (Circle: Shareholders Officers Partners)  First Middle Maiden Last Title Any Other Name(s) Used:					
Home Address: Home Phone: / / / Street Address City State Zip+4					
Street Address City State Zip+4  Birth Date:/ / Place of Birth: Driver's License #					
Minnesota Tax Identification Number: 413 46 8 1 To apply for this sales and use tax number, call (651/296-6181).  If a MN. Tax Id. Number is not required for the business being operated, indicate so by placing an "X" in the box.					
The following additional information is required for your application to be complete: (check if received)					
☐ Zoning Worksheet + Floor plan & Site plan. See attached handout for additional explanation of what is required.					
Property Lease Agreement or Proof of Ownership  Signature from needbar					
FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS 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 understand this premise may be inspected by police, fire, health, zoning, and other city officials at any times when the business is in operation.					
Signature of Responsible Person  Title  9-27-09  Date					

NOTE: GROCERY, RESTAURANT OR OTHERBUSINESS 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.

If you are paying for your License by American Express, Discover, MasterCard or Visa, you may fax your application.

The credit card information section must be filled in and signed.

Our FAX number is 651/266-9124.

If paying by check, please mail the application and the check to us. Make checks payable to: City of St Paul

Revised 01/16/2009

9-10/23/09-lab