(612) 337-6100 F (612) 339-6591 100 Washington Ave S Suite 1300 Minneapolis, MN 55401 siegelbrill.com



January 9, 2012

Via Facsimile (651-266-9124) and U.S. Mail

Department of Safety and Inspections City of St. Paul 375 Jackson St., Suite 220 St. Paul, MN 55101-1806

Re:

1038 Aurora Avenue; 426 Oxford Street

Our File No. 26036,000

Dear Sir or Madam:

I represent Kingdom Pathways, the owner of the above-referenced properties. Enclosed with this letter is my client's Class R License Application for each of the properties. My client is seeking a license to operate the building on each property as a boardinghouse / roominghouse pursuant to Secs. 321.02(a) and 321.01.

My client's properties are eligible for licensure because each one is the site of a building that houses more than four unrelated individuals and the rooming unit doors in the buildings are equipped with outer door locks or chains that require different keys to gain entrance. In addition, in each building kitchen facilities are provided for joint or common use by the occupants of more than one rooming unit.

Please contact me if you have any questions about the enclosed applications.

Thank you for your assistance.

Very truly yours,

Mark Thieroff

612-337-6102 | Direct markthieroff@siegelbrill.com

Encl.

cc. James Michaud (w/ encl.) (via email: jamesm@usfamily.net)
Wendy Lane (w/ encl.) (via email: Wendy.Lane@ci.stpaul.mn.us)
Larry Zangs (w/ encl.) (via email: Larry.Zangs@ci.stpaul.mn.us)

PALL

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124

Phone: 651-266-8989 Fax: 651-266-9124 Visit our Web Site at www.stpaul.gov/dsi

Business Address 426 0xford St. N. St. Sawl, MV 55104

(Number, street name, direction, etc.)

CLASS R LICENSE APPLICATION
LICENSES ARE NOT TRANSFERRABLE

> LICENSES ARE NOT TRANSFERRABLE
Payment must be received with Each Application
(This application is subject to review by the public)

Name on Business Sign (dba)

Date

King John Porthugar 1913

Licensee/Owner Name: Townes Allow Mechand Dreedow Birth Date (Responsible Party) First Middle Maiden Last Title	e: 2 /20/67
Do you have any other names you have used?(list them here) No	
Home Address: U825 B? Horsweat St. NW M 55 433 Home Phone; 763	3/865 2336
Place of Birth: Procedor, MN Driver's License # 7500265696	905
Business Phone: 651/387-8393 Fax: 651/646 6300 E-Mail /Web Site: www. Workshoft Company Name: Kingdow Pathway (Circle: Corporation Partnership Studiess (If different from Business Address): 1088 www.cols.th. Acre. 5604 Business Phone: Street Address City State Zip+4	, ,
E-Mail/Web Site: www.kingdownfathworts. 809 Fax: 651/6	46.6300
Preferred Mailing Address:	
(Place Y in the by preferred mailing address listed above or provide alternative add	ress on line above)
Anticipated Date of Opening://_\/\	
Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)	
Kingdom flathurges, 1088 Universite Ave, St fla	m/m22204
Types of License(s) being applied for: (Office Use Only)	
Total	

SUPPLEM	IENTAL LIC	ENSE INFO	RMAT	ION RI	EQUIRED FOR THIS APPLICATION
Business Manager if diff				-01110	SQUINED FOR THIS AFFLICATION
Manager's Name:				•	
First	t Middle	Maiden	Lasi	Title	Any other Name(s) Used:
Home Address:	t Address				Home Phone:/
Sirec	t Address	City	State		Zip+4
Birth Date://	Place of	Birth:			Driver's License #
Other Person(s) to Appea	er on Business L	cense as Share	holders/C	Officers/I	Partners
Name:					_ (Circle: Shareholders Officers Partners)
First	Middle	Maiden	Lası	Title	Any Other Name(s) Used: Officers Partners
Home Address:					Home Phases
Street Addre	ss City	State		Zip+4	Home Phone://
Birth Date://	Place of	Birth:			_ Driver's License #
Name:					(Circle: Shareholders Officers Partners)
0.000	Middle	Maiden	Last	Title	Any Other Name(s) Used:
Home Address: Street Add					Home Phone:///
		City		State	Z1p+4
bittii Date://	_ Place of Birt	n:		Driv	er's License #
Minnest Tours		01.1177			
If a MN, Tax Id, Num	ber is not requir	ed for the busi	ness being	apply for	or this sales and use tax number, call (651/296-6181). ed, indicate so by placing an "X" in the box.
			- 9		
The following additional in	nformation is re	quired for you	r applicat	tion to be	e complete: (check if received)
Zoning Worksheet + F	loor plan & Site	plan. See attac	hed hando	out for ad	ditional explanation of what is required.
Property Lease Agreem					The state of the s
Troperty Beast Agreem	icat of 11001 bl	Jwnersnip			
FALSIFICATION OF AN	SWERS GIVEN	OR MATERI	AL SUBN	MITTED	WILL RESULT IN DENIAL OF THIS
I hereby state that I have ans	wered all of the r	receding questi	one and t	hat tha :-	WILL RESULT IN DENIAL OF THIS
I hereby state that I have ans my knowledge and belief. I	wered all of the p	receding questi	one and t	hat tha :-	Samuel and All All All
hereby state that I have ans	wered all of the p	receding questi	one and t	hat tha :-	2000 800 WARREN WARREN
I hereby state that I have ans my knowledge and belief. I	wered all of the p	receding questi his premise may	ons, and t	hat the in cted by p	Samuel and All All All

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 06/29/2010

Zoning Summary Sheet*

24'-0"

License ID# (Office Use)	<u></u>
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STREET

SCALE

" = 20 FEET

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). Note: Words Love approved as Transition tousing, trestablist *Zoning approval will not be granted for this license request without this information. each 5 the of Duplex. W Business Type Boarding House with services St. But CM **Business Name** Day Phone: 65 (/387 - 8393 Licensee/Owner Name: (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. 7. Do you intend to have a drive-thru window? __ yes ____ no I. What is the gross floor area for this business? 3,068 square feet. 8. Will you have a permanent menu board? __ yes ____ no 2. What was the previous use of this space? 9. Do you intend to serve liquor? __ yes ____ no 10. Is this a restaurant associated with a Chain or franchised business? 3. How many off-street parking spaces are provided for __ yes ____ no this business? See Site Plan (Manx) 11. Will customers pay for their food before consuming it? __ yes ____ no 4. How many different uses are in the building? 1 5. What are these uses? Transitional 12. Is a self-service condiment bar proposed? __ yes ____ no 6. Do you own the property or are you leasing it? 13. Are trash receptacles provided for self-Service bussing? _ yes _'__ no iti suus expundes ours it. 14. Will there be hard finished, stationary seating? _ yes ____ no Vote: St. Paul Five 15. Are your main course food items Arough as Transtonal Houses Prepackaged or made to order? weardside of ourses TE ALLEY COOLER GRASS BLOG. 960 由 0 COUNTER

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

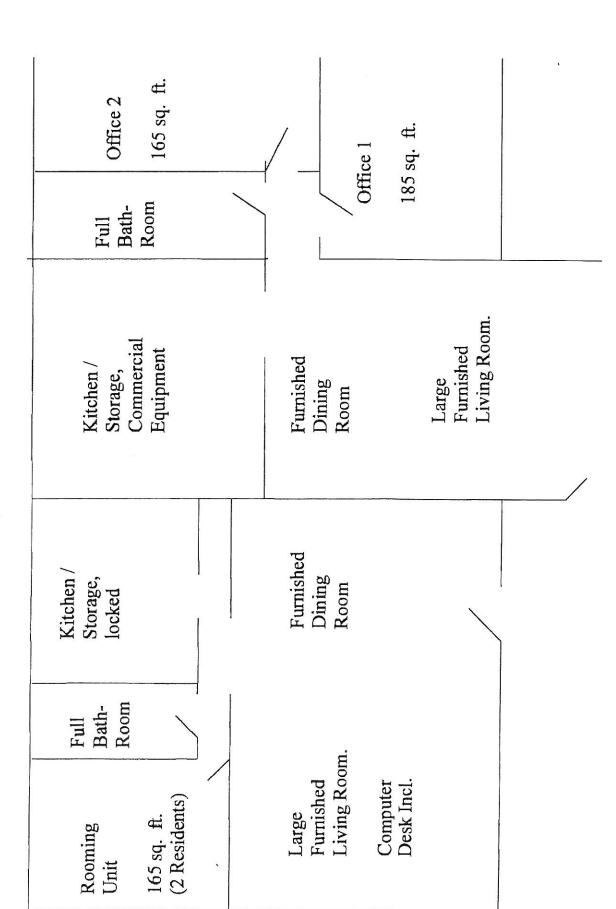
Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance 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

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	ad)	LICENSE OR PERMIT NO (if applicable)					
DBA (doing business as name) (if applicable)	,	EIGENGE ON PERMIT NO (II applicable)					
DBA (doing business as name) (if applicable)							
DUCINESS ADDRESS (DO D							
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE ZIP CODE					
1088 University Ave.	St Bowl	40122 MM					
YOUR LICENSE OR CERTIFICATE WILL	. NOT BE ISSU	ED WITHOUT THE					
FOLLOWING INFORMATION. You must	t complete nun	nber 1, 2 or 3 below.					
NUMBER 1 COMPLETE THIS PORTION IF Y	OU ARE INSURE	D:					
INSURANCE COMPANY NAME (not the insurance agent)							
SFM							
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE					
38139,202	5/1/11	5/1/12					
NUMBER 2 COMPLETE THIS PORTION IF S	ELF-INSURED:						
I have attached a copy of the permit to self-insure.		r					
NUMBER 3 COMPLETE THIS PORTION IF E	XEMPT:						
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:							
- Carlon							
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					
Clan Il Like	Exec. Pive	stor 1/9/12					
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 material can be made available in different forms, such as large	j this form. print, Braille or on a ta	De. To request cell 1-800-342-5354 /FVALIDLD					
Voice or TDD (651) 297-4198.		(NACATI)					

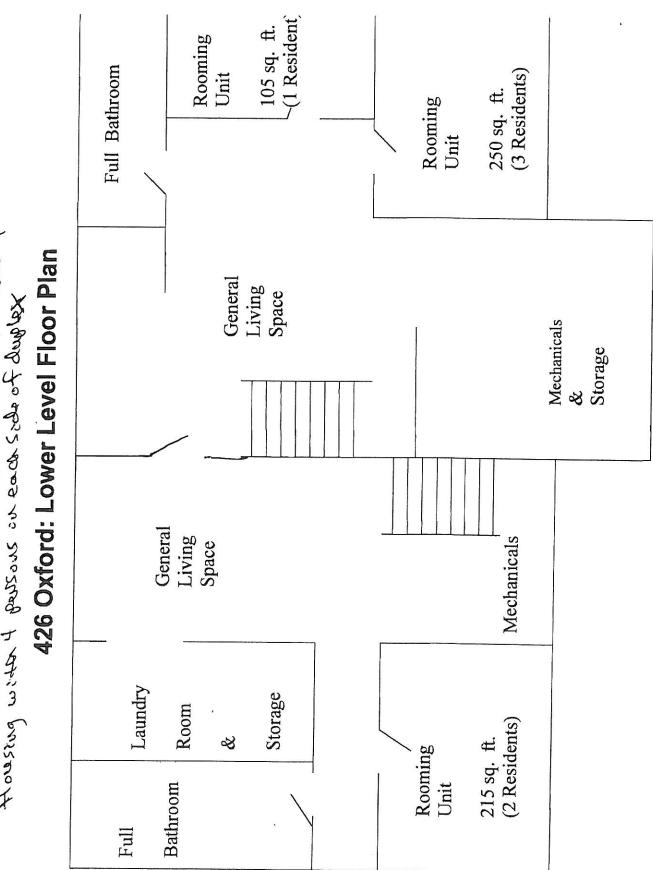
MN LIC 04 (11/08)

Note: St. Bul Fire Inspected & Approved as Troussitional Housing which I found in each side of purplex to found the same as a trous in the tendent on each side of purplex Level Floor Plan



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poster Sat Baul Fare Inspected and authorized as Thansiteanal Houseing with 4 persons on each sale of duplex



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Document# 2103141
Certified Filed On 03/08/2010 0900
Registrar of Titles, Remsey County, MN
NO Delinquent Taxes & Transfer Entered 03/08/2010
Dead Tax Paid 03/08/2010
Certificate# 551977 579506
5.4.2 4884858

11-M WARRANTY DEED Corporation, Partnership or Limited Liability Company to Joint Tenants
STATE DEED TAX DUE HEREON: \$240.00
Date: February / ,2010
FOR VALUABLE CONSIDERATION, General Systems Management, LLC dba Bill White, a <u>Limited Liability Company</u> , under the laws of <u>Minnesota</u> , Grantor, hereby conveys and warrants to <u>Kingdom</u> Kingdom Pathways , Grantees, real property in RAMSEY County, Minnesota, described as follows:
Lot 9, Block 2, Greve's Subd'n "A" /
together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:
Covenants, Easements and Restrictions of Record, if any,
Check Box if Applicable: The Seller certifies that the seller does not know of any wells on the described real property. A well disclosure certificate accompanies this document. I am familiar with the property described in this instrument and I certify that the status and number of wells of the described real property have not changed since the last previously filed well disclosure certificate.
General Systems Management, LLC dba Bill White By: Eduard Anin Its: Chief Manager
STATE OF MINNESOTA))ss. COUNTY OF Hennepin)
This instrument was acknowledged before me on February / ,2010 by Eduard Anin the Chief Manager of General Systems Management, LLC dba Bill White, a Limited Liability Company under the laws of Minnesota on behalf of the Limited Liability Company. NOTARIAL STANDOR SEAL (OR OTHER TITLE OR BANK) CHRISTINA C POMERICEAU My Commission Aninnesota Japanes 20 - Expires Japanes 20 - Expires Limited Liability Company Cherk here if port or all of the land is Registered (Tortest)
January 31, 2012 Tas Statements for the real property described in this instrument should be sent to (include name and address of Grantee):
THIS DOCUMENT WAS DEAPTED BY (MANE AND ADDRESS) RETURN TO: RETURN TO: New Millennium Title Group 3001 METRO DRIVE SUITE 470 BLOOMINGTON, MN 55425 12-131926 KINGDOM PATHWAYS 426 OXFORD ST N SAINT PAUL MN 55104

1-1



CERTIFICA. E OF LIABILITY INSURANCE

OP ID CH

DATE (MM/DD/YYYY)

01/09/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

C	ertificate holder in lieu of such endor	semer	ıt(s).	and may require an en	1001301	iein. A state	inent on the	certificate does not co	nter ngi	nts to the	
PRODUCER				NAME:							
Aspen Agency, LLC					PHONE						
1	2669 Coon Rapids Bvd N	G.			(A/C, No, Ext): (A/C, No):						
Minneapolis MN 55433 Phone:763-755-7000 Fax:763-755-2074				ADDRESS: PRODUCER CUSTOMER ID #: KINGPA1							
				5-2074	CUSTOMER ID #: ATRIGEAT INSURER(S) AFFORDING COVERAGE NAIC #						
INS	URED				INSURERA: Northfield Insurance Co						
	Kingdom Pathways I Freedom House Out: 1088 University M St. Paul MN 55104	DBA:			INSURER B:						
	1088 University A	reac. ve	n		INSURER C:						
	St. Paul MN 55104				INSURER D :						
					INSURER E :						
					INSURER F:						
CO	VERAGES CER	TIFIC	ATE N	UMBER:				REVISION NUMBER:			
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	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	5		
	NON-OWNED AUTOS						•		\$		
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER			
}	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				1		E.L. EACH ACCIDENT	\$		
- 1	(Mandatory in NH) If yes, describe under					1		E.L. DISEASE - EA EMPLOYEE	\$		
-	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	5		
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CER	TIFICATE HOLDER				CANC	ELLATION					
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	STPAU12 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN										
	ACCORDANCE WITH THE POLICY PROVISIONS.										
CITY OF ST. PAUL					4117115						
DEPT OF SAFETY & INSPECTONS					AUTHOR	IZED REPRESEN	IATIVE	u			
375 JACKSON ST., SUITE 220						n	-01	81	1	1	
	ST. PAUL MN 55101				4	Andrew House	PACORD CO	(Intereste	1		
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ACORD 25 (2009/09)

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