



**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.*

**All License(s) being applied for:**

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**Business Information:**

**Applicant Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
First Last

**Contact Person:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_  
First Last

**Business Type:** \_\_\_\_\_ **Date of Anticipated Opening:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street City State Zip

**Company Name:** \_\_\_\_\_ **Doing Business As:** \_\_\_\_\_

**Will you operate the business Personally?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, who will operate it?** \_\_\_\_\_  
First (or Company) Last

**Zoning Variance Information:**

**Have you sought a Zoning variance? If so, for what:**

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**When do you anticipate a decision by the City on your request ?** \_\_\_\_\_

**Do you intend to seek a parking agreement?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide more information:** \_\_\_\_\_

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**Zoning Information:**

**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? \_\_\_\_\_

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. Business 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

e. Safety, noise, and neighborhood livability

Provide description of planned activities to prevent/address safety and neighborhood livability issues, including a security plan.

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

I. Drawn to scale

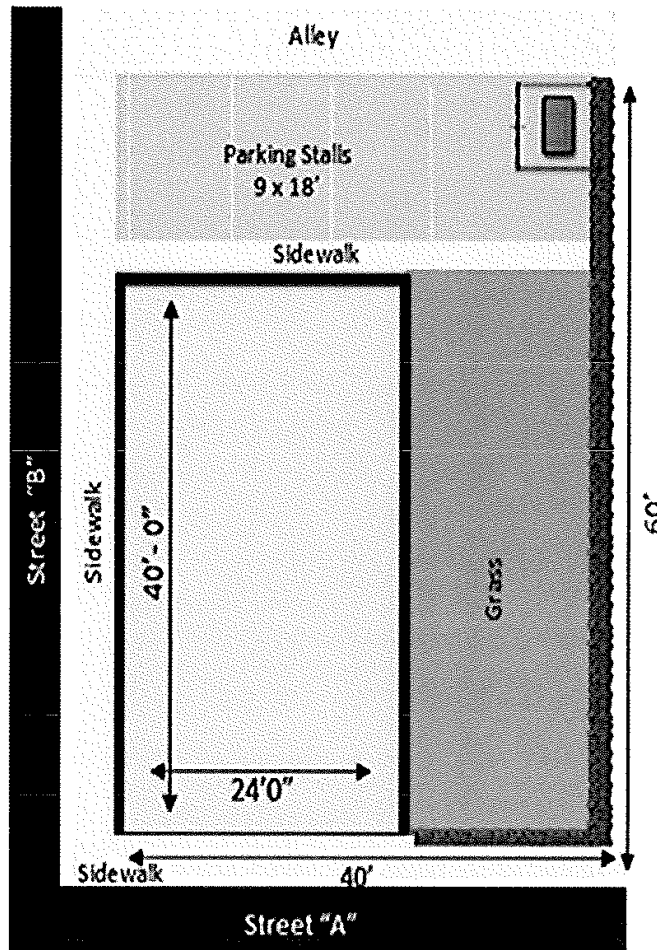
II. Showing dimensions

III. Showing all property lines

IV. Showing the parking lot

V. Label all rooms/spaces

Site Plan



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 \_\_\_\_\_
- B. 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 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 \_\_\_\_\_ 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.

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*\* Please answer the following additional question if you intend to serve liquor*

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

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