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:

_____

_____

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:

_____

_____

_____

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: _____

_____

_____

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

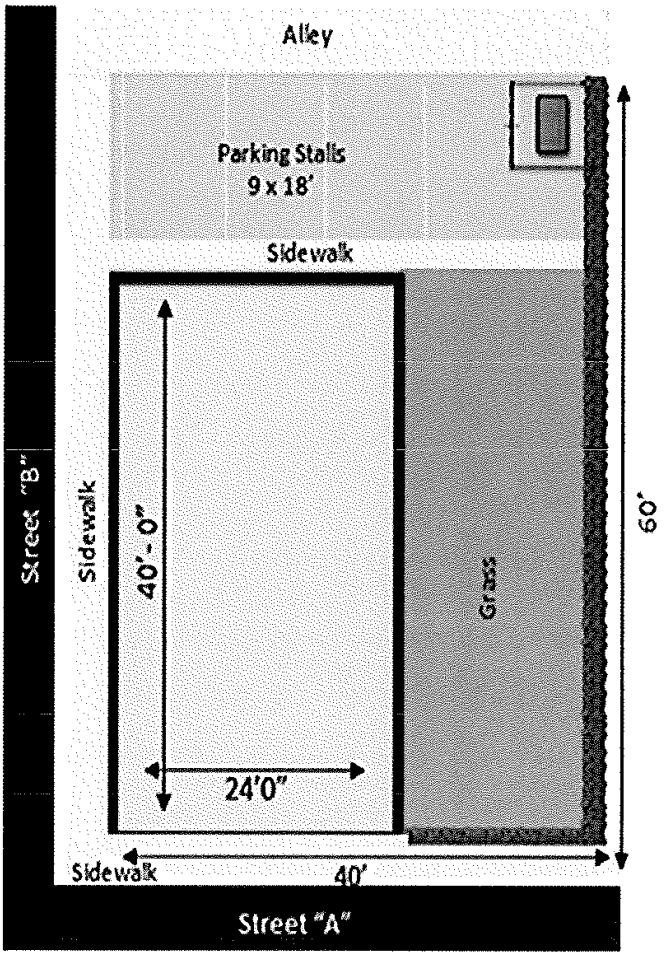
e. Safety, noise, and neighborhood livability

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.

_____

_____

_____

_____

** 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.)?

_____