



**Supplemental Required Information**

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: St. Paul QOZ Hotel, L.L.C.  
First Middle Last

Home Address: [REDACTED]  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: [REDACTED] Email Address: [REDACTED]

Are you going to have a manager or assistant in this business? Yes:  No:

If manager is not the same as the operator, please complete the following information:

Manager Name: Compass45 Hospitality LLC  
First Middle Last

Home Address: [REDACTED]  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: [REDACTED] Email Address: [REDACTED]

**Please list all other officers of the corporation (Attach another sheet if applicable.)**

Officer Name: Scott Meyer  
First Middle Last

Title: Managing Member Email: [REDACTED]

Home Address: [REDACTED]  
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED]

Officer Name: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF 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 hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[REDACTED]  
Applicant

Executive Vice President Title 05/26/2023 Date