

Received

240000989

MAY 30 2024

**Class "N" License Application**

**LICENSES ARE NOT TRANSFERRABLE**



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989 City of Saint Paul - DSI  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

Payment must be received with each application. This application is subject to review by the public.

***This application requires District Council notification prior to submission.***

**Types of License(s) being applied for:**

**Fee(s):**

- 1. Entertainment C 3191.00
- 2. Theater & Music Theater 210.00
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Total:** \$ 0.00

**Business Information**

Business Address: 825 University Ave W St. Paul MN 55104  
Street City State Zip

Company Name: 825 Arts Doing Business As: 825 Arts

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: 8/25/24

Mailing Address: 825 University Ave W St. Paul MN 55104  
Street City State Zip

Business Phone #: 612-300-3755 Email Address: [REDACTED]

**Applicant Information**

Applicant Name: Matt Carter AH  
First Middle Last

Title: Operations Director Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

### Supplemental Required Information

Are you going to operate this business personally? Yes:  No:

If no, who will operate it?

Operator Name: \_\_\_\_\_  
First Middle Last

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

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

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: Tyler Olsen  
First Last

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Officer Name: Nehemiah Lindale Jett  
First Middle Last

Title: Relationships Director Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Officer Name: Mercedes Consuelo Yarbrough  
First Middle Last

Title: Community Engagement Director Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Officer Name: Sara September Smith  
First Middle Last

Title: Minecraft Coordinator Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 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.

\_\_\_\_\_ Operations Director 5-17-24  
Title Date