CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

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

a. ENTERTAINMENT B — $589.00
b. Liquor - Outdoor (Patio) License — $712.00
c. _____
d. _____
e. _____
f. _____
g. _____

Total: $ 1301.00

Business Information

Business Address: 258 MILL STREET, SAINT PAUL, MN 55102
(Street / City / State / Zip)

Company Name: SAINT PAUL PARKS & RECREATION — Doing Business As: CITY HOUSE

Company Type: Corporation _____ Partnership PUBLIC ENTITY - CITY OF SAINT PAUL Sole Proprietorship _____

Date of Incorporation: / / — Anticipated Opening: / /

Mailing Address: 15 W. Kellogg Blvd., Saint Paul MN 55102
(Street / City / State / Zip)

Business Phone: _____ — Fax Number: _____

Applicant Information

Applicant Name: SUSIE (First) _____ (Middle) ODEGARD (Last)

Title: SPECIAL SERVICES MGR. — Date of Birth: /

Drivers License: _____ (State / License #) — Email:

~~Home~~ Address: _____ (Street / City / State / Zip)

Cell Phone: _____ — Alternate Phone: _____

(Continued on back)

Supplemental Required Information

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

If no, who will operate it?

Operator Name: MATT (First) O'REILLY (Last)

Home Address: _____ (Street) _____ (City) _____ (Zip)

Date of Birth: ___/___/___ Phone #: _____

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: RICK (First) _____ (Middle) GUNTZEL (Last)

Home Address: _____ (Street) _____ (State) _____ (Zip)

Date of Birth: ___/___/___ Phone: _____

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

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: _____

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.

_____ _____ _____

Applicant Signature Title Date