



**CITY OF ST. PAUL**  
 DEPARTMENT OF SAFETY AND INSPECTIONS  
 375 JACKSON STREET, SUITE 220  
 ST. PAUL, MINNESOTA 55101-1806  
 Phone: 651-266-8989 Fax: 651-266-9124  
 Visit our Website at: 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: (Office Use Only)	Fees
Class B Entertainment Pro-Rated	383.00
Total	

Anticipated Date of Opening: \_\_\_/\_\_\_/\_\_\_  
 Company Name: FCA RESTAURANT COMPANY, LLC (Circle: Corporation Partnership Sole Proprietorship )  
 If business is incorporated, give date of incorporation: September 16, 1999  
 Business Name (DBA): FACES MEARS PARK Business Phone: (651) 209-7776  
 Business Address (business location): 300 JACKSON ST. ST. PAUL MN 55101-1911  
 Street (#, Name, Type, Direction) City State Zip + 4  
 Between what cross streets is the business located? E. 5th St. & Jackson St. Which side of the street? left  
 Mail To Address (if different than business address): 2902 CORPORATE PLACE CHANNASSON MN 55317  
 attn: licensing administrator Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION: on behalf of FCA Restaurant company, LLC  
 Name and Title: JAMES Nathan - Spolar Secretary  
 First Middle (Maiden) Last Title  
 Home Address: \_\_\_\_\_ State \_\_\_\_\_ Zip + 4  
 Street (#, Name, type, Direction)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Driver License: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES \_\_\_\_\_ NO   
 Date of Arrest: \_\_\_\_\_ Where? \_\_\_\_\_  
 Charge: \_\_\_\_\_  
 Conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_  
 List licenses which you currently hold, formerly held, or may have an interest in: liquor, caterer's  
 Have any of the above named licenses ever been revoked? \_\_\_\_\_ YES \_\_\_\_\_  NO If yes, list the dates and reasons for revocation: \_\_\_\_\_

Are you going to operate this business personally? \_\_\_\_\_ YES  NO If not, who will operate it?  
David J. - FHima  
 First Name Middle Initial (Maiden) Last Date of Birth  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_ Phone Number  
 Street (#, Name, Type, Direction)

**APPLICANT INFORMATION (Continued) :**

Are you going to have a manager or assistant in this business?  YES  NO If the manager is not the same as the Operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

Corporation -

2902 Corporate Place, Chamassan, MN 55317

952-947-0000

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
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If business is a partnership, please include the following information for each partner (use additional pages if necessary):

N/A

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**MINNESOTA TAX IDENTIFICATION NUMBER**

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: 4470479

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED  
WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications) \_\_\_\_\_

Date \_\_\_\_\_

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE  
(please rank in order of preference - "1" is most preferred):

Phone Number with area code: (651) 209-7776 Extension \_\_\_\_\_  
Check the type of Phone Number listed above:  Business  Home  Cell  Fax  Pager

Phone Number with area code: \_\_\_\_\_ Extension \_\_\_\_\_  
Check the type of Phone Number listed above:  Business  Home  Cell  Fax  Pager

Mail: 380 Jackson St. St. Paul MN 55101-1911  
Street (#, Name, Type, Direction) City State Zip + 4

Internet: david@facesmears.park.com  
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

\*\* Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. \*\*

Signature of Cardholder (required for all charges): \_\_\_\_\_

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard, Visa)