



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 \$72.00
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Total: \$ 661.00

Business Information

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

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

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

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 ODDARD
First Middle Last

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

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

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

If no, who will operate it?

Operator Name: MATTY O'REILLY
First Last

Home Address: _____
Street City State 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 GUNTZEL
First Middle Last

Home Address: _____
Street City 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.

Signature

Title

Date