



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson St, Suite 220
St Paul, Minnesota 55101-1806

Telephone: 651-266-9090
Facsimile: 651-266-9040
Web: www.stpaul.gov/dsi

LICENSE APPLICATION SUMMARY

Date: Thursday, December 2, 2010, at 10:00 a.m. ^{2:00 p.m.}

License Information: 20000004587
Petom Inc., doing business as The Nook
Janessa Casper, representative, 651-698-4347

located at: 492 Hamline Ave S

application for: To add a Bowling Center license and extend the On Sale Wine and On Sale Malt (Strong) (i.e., beer) service area into the existing bowling alley space, which is located in the basement of the building, for an existing business currently having the following licenses: Restaurant (4) – 51-150 Seats, Wine On Sale, Malt On Sale (Strong), Liquor On Sale – 2 AM Closing, and Malt Off Sale. **NOTE:** The previously licensed business for the bowling alley space had a Bowling Center, Restaurant, and Malt On Sale (3.2) licenses.

Existing License Conditions: None

Recommended License Conditions:

1. Per City of Saint Paul Legislative Code 409.15(a)(2), On-sale wine license shall mean a license authorizing the sale of wine not exceeding fourteen (14) percent alcohol by volume, for consumption on the licensed premises only in conjunction with the sale and service of food (menu item only). The sale of Malt (Strong) will also take place only in conjunction with the sale and service of food.
2. Per City of Saint Paul Legislative Code 409.15(d), licensee must be able to show that gross receipts are at least sixty (60) percent attributable to the sale of food.
3. Licensee will submit to the Department of Safety and Inspections (DSI) annual gross receipts for food and liquor for each year the license is renewed.

District Council Correspondence: The District 15 Highland District Council submitted a letter of support which included a recommendation that the City Council approval a waiver of the 45 day license notification waiting period to permit an expansion of wine and malt service.

Inspection Requirements:

Building: Approved
Environmental Health: Approved
License: Approved with conditions
Zoning: Approved

DSI Recommendation: Approval with conditions. **NOTE:** The City Council has approved the expansion of the wine and malt service into the bowling alley space prior to the completion of the notification review process.

20000004587



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

(L2)

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
Bowling Center	178.00
Restaurant D-add on by only RECEIVED IN D.S.I.	109.00
SEP 24 2010	Total

Anticipated Date of Opening: 10/1/10
 Company Name: Petom Inc (Circle: Corporation Partnership Sole Proprietorship)
 If business is incorporated, give date of incorporation: _____
 Business Name (DBA): (Ban-Ham bowling) The Nook Business Phone: ()
 Business Address (business location): 492 Hamline Ave S 490 1/2 Hamline Ave S. St. Paul MN 55116
 Street (#, Name, Type, Direction) City State Zip + 4
 Between what cross streets is the business located? Randolph & Juno Which side of the street?
 Mail To Address (if different than business address): 1253 Stanford Ave St. Paul MN 55116
 Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:
 Name and Title: Michael C. Runyon Owner
 First Middle (Maiden) Last Title
 Home Address: _____ City State Zip + 4
 Street (#, Name, type, Direction)
 Date of Birth: _____ Place of Birth: _____ Home Phone (dsh) 485-1383
 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 license Petom Inc
 liquor license Petom Inc
 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?
 First Name Middle Initial (Maiden) Last Date of Birth
 Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number
 Revised 06/29/2010

(2)

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)

<u>The Nook</u>	<u>492 S. Hamlin</u>	<u>Self employed</u>	<u>(10 yrs.)</u>
<u>Shamrocks</u>	<u>995 W. 7th St.</u>	<u>Self employed</u>	<u>(4 yrs.)</u>

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth

<u>Thomas E. Casper</u>	<u>owner</u>				
<u>Janessa Casper</u>	<u>C.F.O.</u>	<u>(Same as Above)</u>			

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
<u>Thomas E.</u>	<u>Casper</u>	<u>(Ted)</u>		

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: 5004328

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.

Michael J. King 9/22/10
 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: (_____) 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: _____
 Street (#, Name, Type, Direction) City State Zip + 4

Internet: _____
 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 or Visa).

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Expiration Month/Year ▶▶				
Enter Account Number ▶					