



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 not to be used by the public)

RECEIVED IN D.S.I.

JUL 26 2011 Fees

Types of License(s) being applied for: (Office Use Only)

Total

Anticipated Date of Opening: 11 / 1 / 2011

Company Name: University of St Thomas (Circle: Corporation ^{non-profit 501c3} Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: 1885

Business Name (DBA): University of St. Thomas Business Phone: (651) 962-5000

Business Address (business location): 2115 Summit Avenue St Paul MN 55105-1078
 Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Cleveland and Curtin Which side of the street? North

Mail To Address (if different than business address): _____
 Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title: Douglas (Doug) Edward Hennes ^{Vice President for} University and Government Relations
 First Middle (Maiden) Last Title

Home Address: _____
 Street (#, Name, type, Direction) City State Zip + 4

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: N/A Where? N/A

Charge: N/A

Conviction: N/A Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: N/A

Have any of the above named licenses ever been revoked? _____ YES _____ NO If yes, list the dates and reasons for revocation: N/A

Are you going to operate this business personally? _____ YES NO If not, who will operate it?

Todd D Empinger
 First Name Middle Initial (Maiden) Last Date of Birth

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

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:

Jerome G Sweeney Sweeney
 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)

N/A

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
Dennis Deede	President			651-962-6500	
Susan Alexander	Secretary			651-962-6431	
Mark Vangsgaard	Treasurer			651-962-6095	

(FYI - List of Board of Trustees attached)

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: 8339924

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.

[Handwritten Signature]

7/25/11

Signature (REQUIRED for all applications)

Date

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

1 Phone Number with area code: (651) 962-6402 Extension —
 Check the type of Phone Number listed above: Business Home Cell Fax Pager

3 Phone Number with area code: (—) (—) (—) Extension —
 Check the type of Phone Number listed above: Business Home Cell Fax Pager

4 Mail: 2115 Summit Ave., Mail LOR508 St. Paul MN 55105-
 Street (#, Name, Type, Direction) City State Zip + 4

2 Internet: dehenne@stthomas.edu
 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 ▶											

UST Board of Trustees

(Updated June 15, 2011)

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Managing Partner
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Wilderson and Associates, Inc.

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Strategic Consultant
Green Creek Consulting, LLC