

2024000050

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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



Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

JAN 10 2024

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1.	PAWN	\$3191
2.		
3.		
4.		
5.		
6.		
7.		

Total: \$ 3,191.00

Business Information

Business Address: 966 7TH STREET WEST ST. PAUL MN 55102
Street City State Zip

Company Name: EZPAWN MINNESOTA, INC. Doing Business As: MAX-IT PAWN

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 08/10/2016 Date of Anticipated Opening: 01/19/2024

Mailing Address: 2500 Bee Cave Rd Bldg 1 Ste 200 ROLLINGWOOD TX 78746
Street City State Zip

Business Phone #: (512) 314-3465 Email Address: LEGAL@EZCORP.COM

Applicant Information

Applicant Name: FRANCES DENISE LANDIN
First Middle Last

Title: VP & ASST. SECRETARY

Date of Birth: [Redacted]

Drivers License: [Redacted]
State License #

Email: [Redacted]

Home Address: [Redacted]
City State Zip

Cell Phone #: [Redacted] Alternate Phone #: [Redacted]

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

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: STEVEN _____ DENTON _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

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

Officer Name: JOHN _____ BLAIR _____ POWELL _____
First Middle Last

Title: PRESIDENT _____ Email: _____

Home Address: [REDACTED]
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED]

Officer Name: ELLEN _____ HEIRMONIUS _____ BRYANT _____
First Middle Last

Title: SVP & SECRETARY _____ Email: [REDACTED]

Home Address: [REDACTED]
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED]

Officer Name: TIMOTHY _____ KEITH _____ JUGMANS _____
First Middle Last

Title: CFO _____ Email: _____

Home Address: [REDACTED]
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED]

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[REDACTED]

VP & ASST. SECRETARY _____ 11/14/2023 _____
Title Date