20180001677

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

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MAY 02 2018

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. Pawn Shop — $2854.00
b. —
c. —
d. —
e. —
f. —
g. —

Total: $ 2854.00

Business Information

Business Address: 1636 University Ave W, St. Paul, MN 55104-3821
(Street, City, State, Zip)

Company Name: PawnAmerica Minnesota LLC **Doing Business As:** Pawn America

Company Type: LLC Corporation ____ Partnership ____ Sole Proprietorship ____

Date of Incorporation: / / **Anticipated Opening:** 6 / 1 / 12

Mailing Address: ____
(Street, City, State, Zip)

Business Phone: 952 646.1765 **Fax Number:** 952 646.2765

Applicant Information

Applicant Name: Wayne (First) Paul (Middle) Rixmann (Last)

Title: Owner **Date of Birth:** ____

Drivers License: ____ (State, License #) **Email:** ____

Home Address: ____
(Street, City, State, Zip)

Cell Phone: ____ **Alternate Phone:** ____

(Continued on back)

Supplemental Required Information

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

If no, who will operate it?

Operator Name: Bradley (First) Kent (Middle) Rixmann (Last)

Home Address: ____ (Street) ____ (City) ____ (Zip)

Date of Birth: ____ Phone #: ____

Are you going to have a manager or assistant in this business? Yes: X No: ____

If manager is not the same as the operator, please complete the following information:

Manager Name: TBD (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: Bradley (First) Kent (Middle) Rixmann (Last)

Title: chief manager Email: ____

Home Address: ____ (Street) ____ (City) ____ (State) ____ (Zip)

Date of Birth: ____ Phone: ____

Officer Name: Steven (First) James (Middle) Caulfield (Last)

Title: chief operations officer Email: ____

Home Address: ____ (Street) ____ (City) ____ (State) ____ (Zip)

Date of Birth: ____ Phone: ____

Officer Name: Keith (First) Richard (Middle) Kaestner (Last)

Title: chief financial officer 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.

Applicant Signature | owner (Title) | 4.19.18 (Date)

E - 5/11/18 - lab