

Received

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SAINT PAUL
SAFETY & INSPECTIONS

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

City of Saint Paul - 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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Entertainment C 3191.00
2. Theater & Movie Theater 210.00
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00

Business Information

Business Address: 825 University Ave W St. Paul MN 55104
Street City State Zip

Company Name: 825 Arts Doing Business As: 825 Arts

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: _____ Date of Anticipated Opening: 8/25/24

Mailing Address: 825 University Ave W St. Paul MN 55104
Street City State Zip

Business Phone #: 612-300-3755 Email Address: [REDACTED]

Applicant Information

Applicant Name: Matt Carter AH
First Middle Last

Title: Operations Director Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Supplemental Required Information

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

Yes: ☒

No: ☐

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: Tyler Olsen

Home Address:

Date of Birth:

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

Officer Name: Nehemiah Lindale Jeff

Title: Relationships Director Email:

Home Address:

Date of Birth:

Officer Name: Mercedes Consuelo Yarbrough

Title: Community Engagement Director Email:

Home Address:

Date of Birth:

Officer Name: Sara September Smith

Title: Minecraft Coordinator Email:

Home Address:

Date of Birth:

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.

Operations Director 5-17-24

Title

Date