

2013 0003006



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

PLEASE REFERENCE 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

| Types of License(s) being applied for: (Office Use Only) | Fees |
|--|--------|
| Parking Lot | 345.00 |
| | |
| | |
| | |
| | |
| Total | 345.00 |

Anticipated Date of Opening: 9/1/2013 Company Name: Shepard Parking LLC
 Business Name (DBA): Shepard Parking LLC Business Phone: 651/649-5800
 Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 05/15/2013
 Business Address (business location): 1465 Davern St., St. Paul, MN 55116
Street (#, Name, Type, Direction) City State Zip + 4
 Mail To Address (if different than business address): 1999 Shepard Rd, St. Paul, MN 55116
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: Todd William Johnson Chief Manager
Middle (Maiden) Last Title

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

Phone: _____ Alternative Phone: _____ Email: tjohnson@johnsonbrothers.com

Date of Birth: _____ Place of Birth: _____

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: See attached summary

Have any of the above named licenses ever been revoked?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 _____

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:

Scott Lee Belsars
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)
Todd Johnson and Scott Belsars have worked at Johnson Brothers Liquor Company for the last 5 years.

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

| Officer Name | Title | Home Address | Home Phone | Business Phone | Date of Birth |
|--------------------------|----------------------|--------------|------------|----------------|---------------|
| ① <u>Todd Johnson</u> | <u>Chief Manager</u> | | | | |
| ② <u>Scott Belsars</u> | <u>President</u> | | | | |
| ③ <u>Michael Johnson</u> | <u>VP/Sec</u> | | | | |
| ④ <u>Kevin Loegering</u> | <u>Treasurer</u> | | | | |

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

⑤ Robin Elizabeth Johnson Vice President
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

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.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature (Required) Chief Manager Title 6-11-2013 Date

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment and, if intended use not specified in lease, a letter of permission from the landlord to allow this type of business operation on the premises. Otherwise, provide a copy of your Purchase Agreement and/or Bill of Sale for the property.
2. If incorporated or a partnership, provide proof of current filing status with the Office of the Minnesota Secretary of State and documentation outlining ownership distribution and/or allocation of corporate shares.