

20130000167



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-9090 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 subject to review by the public)

Types of License(s) being applied for: (Office Use Only)	Fees
LIQUOR ON SALE 181-290 (208 SEATS) 5414	5414
LIQUOR ON SALE SUNDAY	200 00
RESTAURANT(S) 7151 SEATS	673 00
ALARM PERMIT	27 00
LIQUOR ON SALE 2AM	
Total	50 00

Anticipated Date of Opening: 6/1/2013

Company Name: Blazin Wings, Inc. (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: _____

Business Name (DBA): Buffalo Wild Wings Business Phone: TBD

Business Address (business location): 80 North Snelling Avenue St. Paul MN 55416
Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Snelling Ave. N. & Ashland Ave. Which side of the street? _____

Mail To Address (if different than business address): 5500 Wayzata Boulevard Minneapolis MN 55416
Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title: Emily Clark Decker Officer/General Counsel
First Middle (Maiden) Last Title

Home Address: _____ City _____ State _____ Zip + 4
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 X

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: Blazin Wings, Inc. holds liquor licenses throughout Minnesota. See attached list.

Have any of the above named licenses ever been revoked?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

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

Rachelle J. Bellmore
First Name Middle Initial (Maiden) Last Date of Birth

Home Address: _____ 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:

Rachelle J. Bellmore
 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)
 Buffalo Wild Wings, Inc. 5500 Wayzata Blvd. Suite 1600, Minneapolis, MN 55416 952-593-9943

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
--------------	-------	--------------	------------	----------------	---------------

See attached.

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

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: _____

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.

Signature (REQUIRED for all applications)

Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE

(please rank in order of preference – "1" is most preferred):

 2 Phone Number with area code: (952) 516-8072 (Kristin Bergerson) Extension _____
 Check the type of Phone Number listed above: Business Home Cell Fax Pager

 4 Phone Number with area code: (612) 604-2592 (Katherine Becker, Esq.) Extension _____
 Check the type of Phone Number listed above: Business Home Cell Fax Pager

 3 Mail: Kristen Bergerson 5500 Wayzata Boulevard, Suite 1600 Minneapolis MN 55416
 Street (#, Name, Type, Direction) City State Zip + 4

 1 Internet: kbergerson@buffalowildwings.com; becker@mdh-law.com
 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. ****

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 ▶							

Signature of Cardholder

Date

Revised 01/16/2009

**Blazin Wings, Inc. d/b/a Buffalo Wild Wings Grill & Bar
Officers**

Matthew K. Brokl
Vice President

Emily Clark Decker
Officer/General Counsel

James M. Schmidt
Vice President

Mary J. Twinem
Secretary & Treasurer

Sally J. Wold
President