

(612) 337-6100 • (612) 339-6591
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Minneapolis, MN 55401
siegelbrill.com

**SIEGEL
BRILL PA**
ATTORNEYS AT LAW

RECEIVED

JAN 11 2012

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January 9, 2012

Via Facsimile (651-266-9124) and U.S. Mail

Department of Safety and Inspections
City of St. Paul
375 Jackson St., Suite 220
St. Paul, MN 55101-1806

Re: 1038 Aurora Avenue; 426 Oxford Street
Our File No. 26036.000

Dear Sir or Madam:

I represent Kingdom Pathways, the owner of the above-referenced properties. Enclosed with this letter is my client's Class R License Application for each of the properties. My client is seeking a license to operate the building on each property as a boardinghouse / roominghouse pursuant to Secs. 321.02(a) and 321.01.

My client's properties are eligible for licensure because each one is the site of a building that houses more than four unrelated individuals and the rooming unit doors in the buildings are equipped with outer door locks or chains that require different keys to gain entrance. In addition, in each building kitchen facilities are provided for joint or common use by the occupants of more than one rooming unit.

Please contact me if you have any questions about the enclosed applications.

Thank you for your assistance.

Very truly yours,



Mark Thieroff

612-337-6102 | Direct
markthieroff@siegelbrill.com

Encl.

cc. James Michaud (w/ encl.) (via email: jamesm@usfamily.net)
Wendy Lane (w/ encl.) (via email: Wendy.Lane@ci.stpaul.mn.us)
Larry Zangs (w/ encl.) (via email: Larry.Zangs@ci.stpaul.mn.us)

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager if different from Applicant

Manager's Name: _____ Any other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ - _____
Street Address City State Zip+4

Birth Date: ____/____/____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License as Shareholders/Officers/Partners

Name: _____ (Circle: Shareholders Officers Partners)
First Middle Maiden Last Title Any Other Name(s) Used: _____

Home Address: _____ Home Phone: _____ / _____ / _____
Street Address City State Zip+4

Birth Date: ____/____/____ Place of Birth: _____ Driver's License # _____

Name: _____ (Circle: Shareholders Officers Partners)
First Middle Maiden Last Title Any Other Name(s) Used: _____

Home Address: _____ Home Phone: _____ / _____ / _____
Street Address City State Zip+4

Birth Date: ____/____/____ Place of Birth: _____ Driver's License # _____

Minnesota Tax Identification Number: 9061133 To apply for this sales and use tax number, call (651/296-6181).
 If a MN. Tax Id. Number is not required for the business being operated, indicate so by placing an "X" in the box.

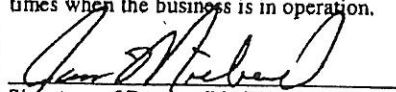
The following additional information is required for your application to be complete: (check if received)

Zoning Worksheet + Floor plan & Site plan. See attached handout for additional explanation of what is required.

Property Lease Agreement or Proof of Ownership

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 also understand this premise may be inspected by police, fire, health, zoning, and other city officials at any times when the business is in operation.


 Signature of Responsible Person

Executive Director
 Title

1/9/12
 Date

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

If you are paying for your License by *American Express, Discover, MasterCard or Visa*, you may fax your application. The credit card information section must be filled in and signed.

Our FAX number is 651/266-9124.

If paying by check, please mail the application and the check to us. Make checks payable to: City of St Paul

Zoning Summary Sheet*

License ID# (Office Use) _____

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below). *[Note: Wendy Lane approved as Transitional Housing, 4 residents each side of duplex.]*

*Zoning approval will not be granted for this license request without this information.

Business Address 426 Oxford St. N. St. Paul, MN Street Address Business Type Supervised Rooming & Boarding House with services

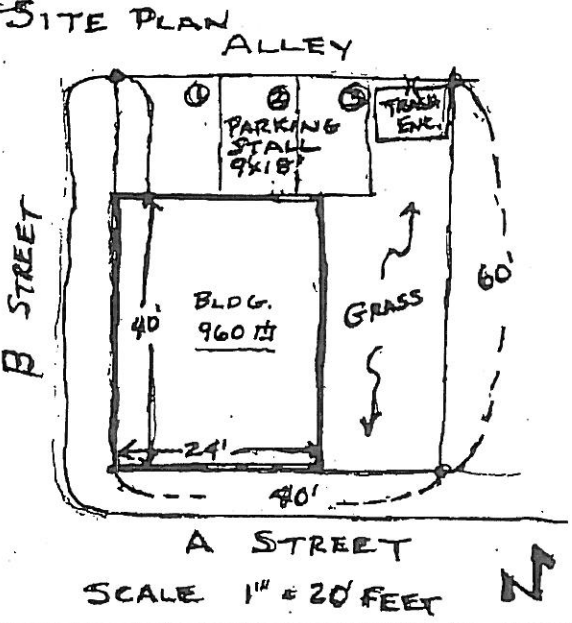
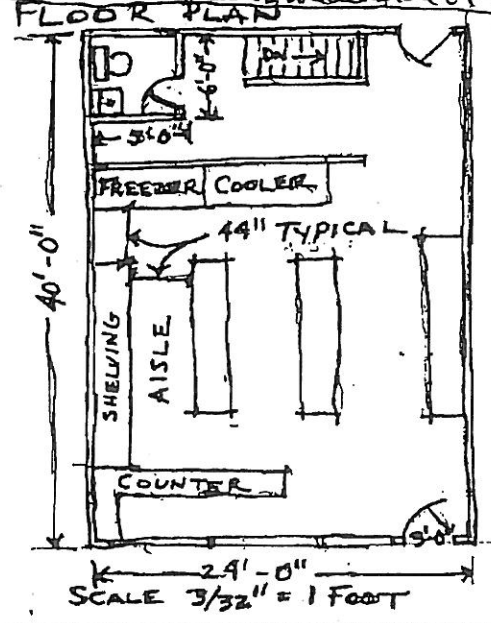
Business Name Kingdom Pathways

Licensee/Owner Name: James Allan Michael Day Phone: 651-387-8393
 (Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651-266-9083 if you have questions about the information needed on this form.

<p>1. What is the gross floor area for this business? <u>3,068</u> square feet.</p> <p>2. What was the previous use of this space? <u>Transitional Housing</u></p> <p>3. How many off-street parking spaces are provided for this business? <u>See Site Plan (Many)</u></p> <p>4. How many different uses are in the building? <u>1</u></p> <p>5. What are these uses? <u>Transitional Housing</u></p> <p>6. Do you own the property or are you leasing it? <u>Kingdom Pathways owns it.</u> <u>(See Warranty Deed Transfer)</u></p>	<p>7. Do you intend to have a drive-thru window? ___ yes ___ no</p> <p>8. Will you have a permanent menu board? ___ yes ___ no</p> <p>9. Do you intend to serve liquor? ___ yes ___ no</p> <p>10. Is this a restaurant associated with a Chain or franchised business? ___ yes ___ no</p> <p>11. Will customers pay for their food before consuming it? ___ yes ___ no</p> <p>12. Is a self-service condiment bar proposed? ___ yes ___ no</p> <p>13. Are trash receptacles provided for self-service bussing? ___ yes ___ no</p> <p>14. Will there be hard finished, stationary seating? ___ yes ___ no</p> <p>15. Are your main course food items Prepackaged ___ or made to order? ___</p>
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Note: St. Paul Fire Inspected & Approved as Transitional Housing, 4 persons on each side of duplex



Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used) <i>Kingdom Pathways</i>	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address) <i>1088 University Ave.</i>	CITY <i>St Paul</i>	STATE <i>MN</i>	ZIP CODE <i>55104</i>
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent) <i>SFM</i>
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WORKERS' COMPENSATION INSURANCE POLICY NO. <i>38139.202</i>	EFFECTIVE DATE <i>5/1/11</i>	EXPIRATION DATE <i>5/1/12</i>
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other:

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

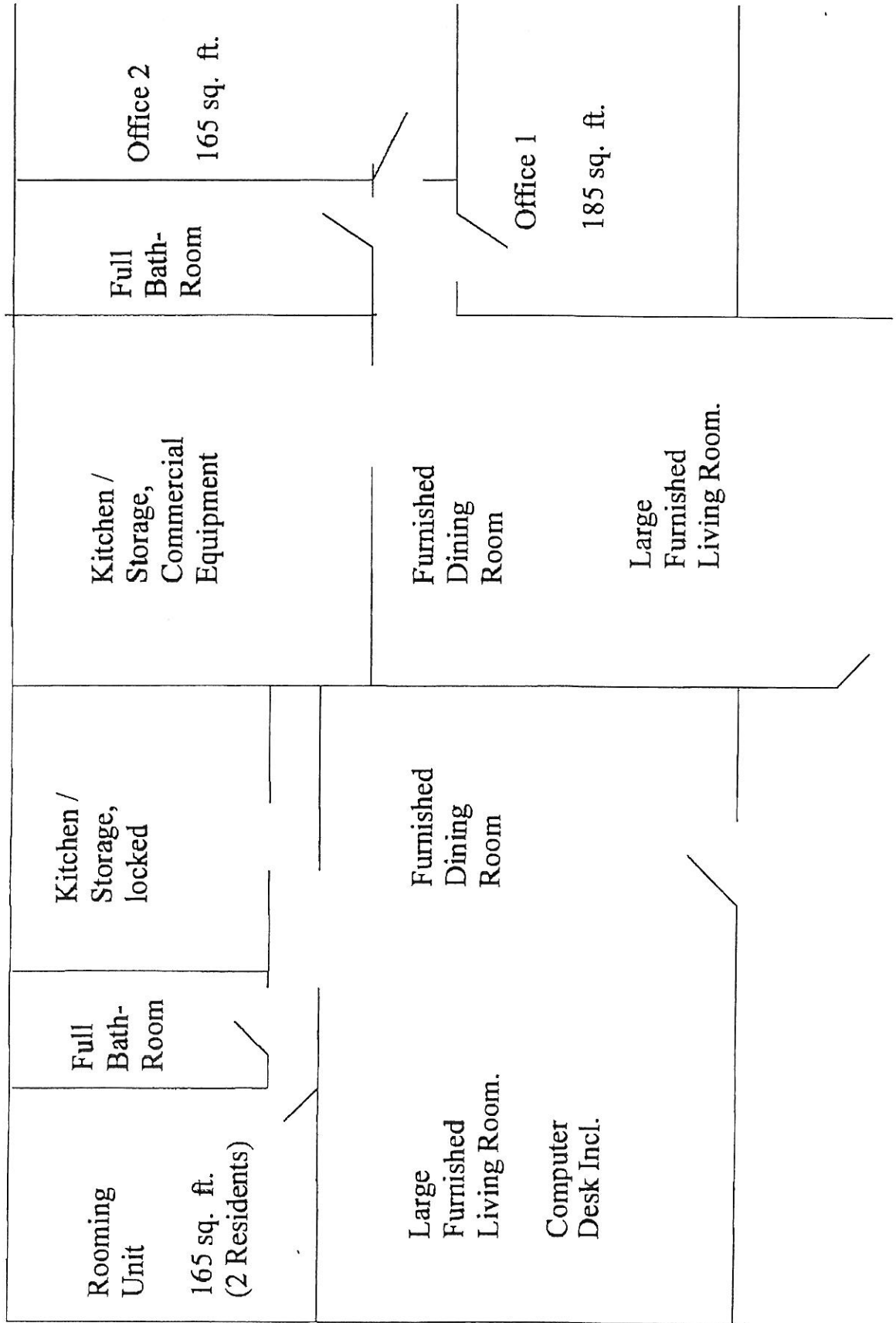
APPLICANT SIGNATURE (mandatory) <i>Jan Michel</i>	TITLE <i>Exec. Director</i>	DATE <i>1/9/12</i>
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

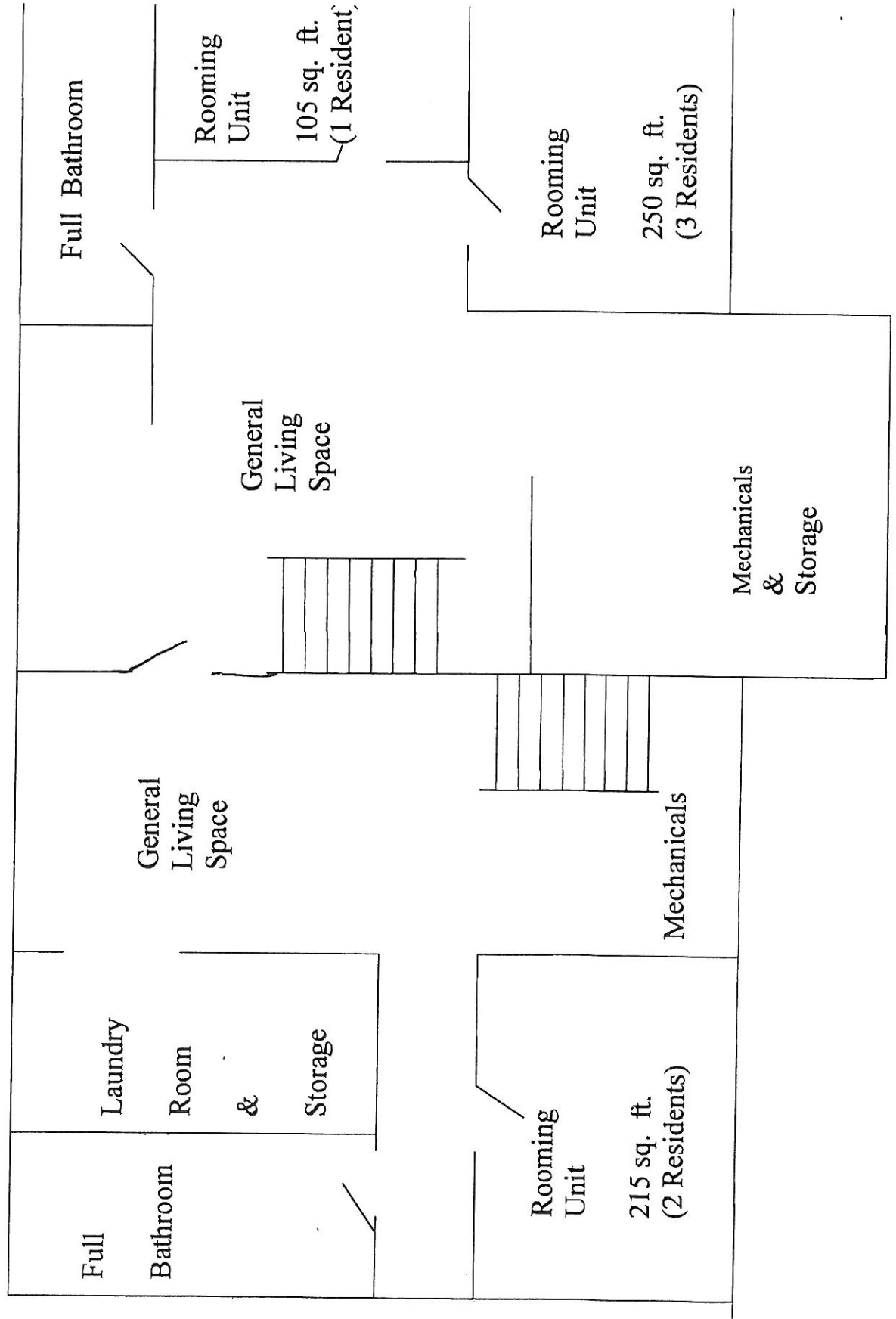
Note: St Paul First suggested & Approved as Transitional Housing with 4 sessions on each side of pub text

426 Oxford: Upper Level Floor Plan

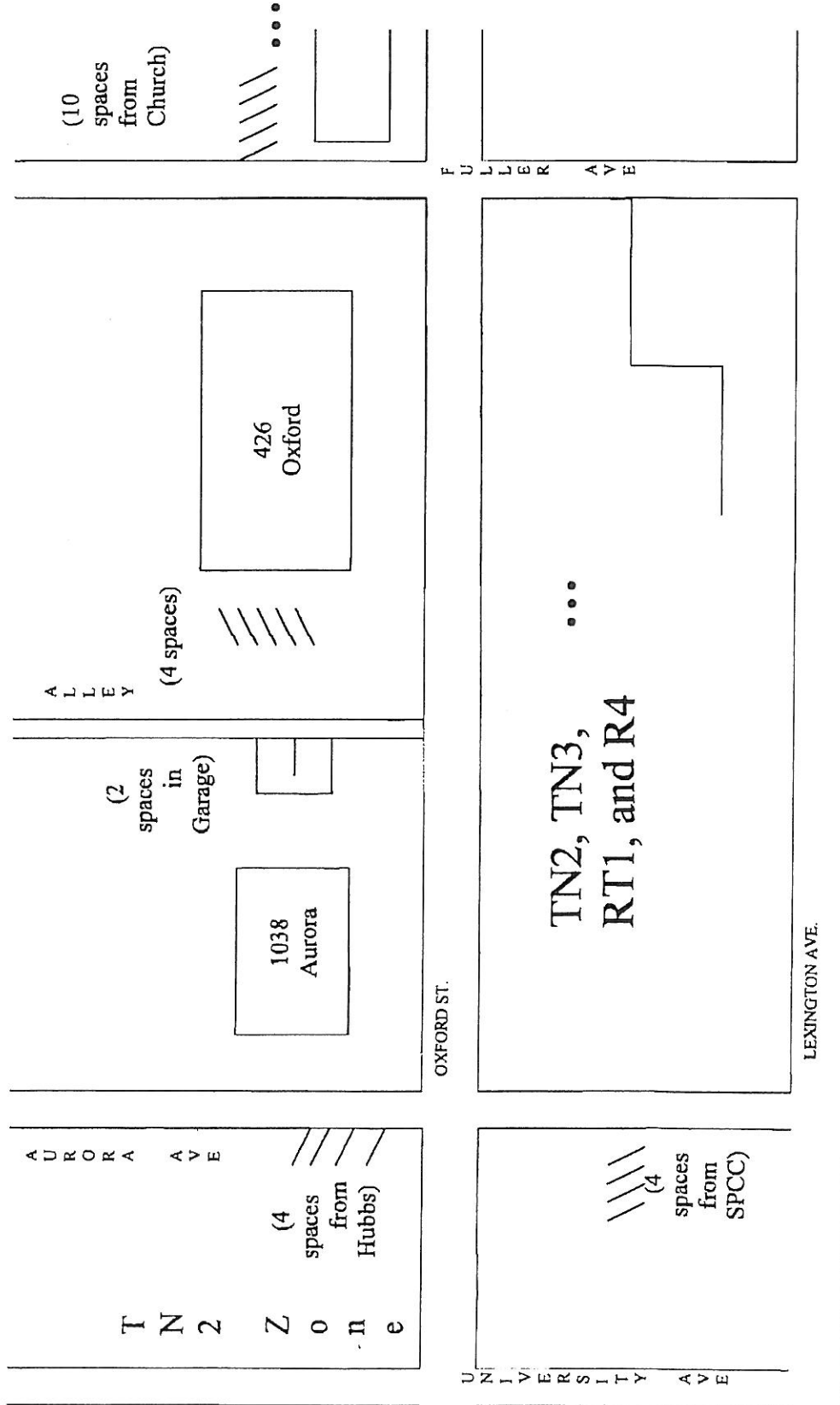


Note: Sgt. Paul Fife Inspected and approved as Transitional Housing with 4 persons on each side of duplex

426 Oxford: Lower Level Floor Plan



SITE PLAN





CERTIFICATE OF LIABILITY INSURANCE

OP ID CH

DATE (MM/DD/YYYY)

01/09/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aspen Agency, LLC 2669 Coon Rapids Blvd NW Minneapolis MN 55433 Phone: 763-755-7000 Fax: 763-755-2074		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: KINGPA1		FAX (A/C, No):	
INSURED Kingdom Pathways DBA: Freedom House Outreach 1088 University Ave St. Paul MN 55104		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : Northfield Insurance Co			
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES

CERTIFICATE NUMBER:


REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR : WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		WB117882	12/19/11	12/19/12	EACH OCCURRENCE \$ 100000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc #1 1038 Aurora Ave St. Paul, MN
 Loc #2 426 Oxford St St. Paul, MN

CERTIFICATE HOLDER**CANCELLATION**

STPAU12 CITY OF ST. PAUL DEPT OF SAFETY & INSPECTONS 375 JACKSON ST., SUITE 220 ST. PAUL MN 55101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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