20150004254

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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: **Fee(s):**

a. Malt On Sale (Brewery Taproom) — 605.00
b. Malt off Sale (Brewery) — 174.00
c. Liquor On Sale - Sunday — 200.00
d. Entertainment #1 — 236.00
e. ____ — ____
f. ____ — ____
g. ____ — ____

Total: $1,215.00

Business Information

Business Address: 755 Prior Ave No, #110 St. Paul MN 55104-1038
(Street / City / State / Zip)

Company Name: BlackStack Brewing Inc **Doing Business As:** NA

Company Type: Corporation X Partnership ____ Sole Proprietorship ____

Date of Incorporation: 08 / 20 / 2014 **Anticipated Opening:** 03 / 01 / 2016

____ ____ ____ ____
(Street / City / State / Zip)

Business Phone: 612-369-2932 **Fax Number:** ____

Applicant Information

Applicant Name: Scott Allan Johnson
(First / Middle / Last)

Title: President

____ ____ **Email:** scott@blackstackbrewing.com
(State / License #)

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

Cell Phone: 612-369-2932 **Alternate Phone:** 612-369-2933

(Continued on back)

Supplemental Required Information

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

If no, who will operate it?

Operator Name: ____ (First / Middle / Last)

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

Date of Birth: ____ / ____ / ____ Phone #: ____

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

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

Manager Name: ____ (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: Scott Allan Johnson (First / Middle / Last)

Title: President Email: scott@blackstackbrewing.com

Street / City / State / Zip

Phone: 612-369-2932

Officer Name: Shawne Murphy Johnson (First / Middle / Last)

Title: Vice President Email: smj@blackstackbrewing.com

Street / City / State / Zip

Phone: 612-369-2933

Officer Name: ____ (First / Middle / Last)

Title: ____ 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 ____ President (Title) 12/23/2015 (Date)