



CITY OF ST. PAUL
 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

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 100-seats or less \$4564.00	\$2,282.00
LIQUOR ON SALE ZAM	50.00
Alarm Permit	27.00
LIQUOR ON SUNDAY	200.00
Total	2559.00

Anticipated Date of Opening: 05 10 12014 Company Name: CPSP, Inc
 Business Name (DBA): Sweet Pea's Business Phone: TBD
 Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 01 124 12014
 Business Address (business location): 472 Snelling Aves. St Paul MN 55105
Street (#, Name, Type, Direction) City State Zip + 4
 Mail To Address (if different than business address): 724 E Madison Ave Mankato MN 56001
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: Jeremy Allen Brown President
First Middle (Maiden) Last Title

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

Phone: _____ Alternative Phone: _____ Email: jb.alliancecontracting@gmail.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: _____

Have any of the above named licenses ever been revoked?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

Don Peterson
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)

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
<u>Jeremiah Henninger - VP</u>					
<u>Timothy Henninger - Sec.</u>					
<u>Diane Peterson - VP</u>					

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

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.

Signature (Required) _____ Title PRESIDENT Date 4/17/2014

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.