



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 |
|--|--------------|
| Gas Station License | 72.00 |
| | |
| | |
| | |
| Total | 72.00 |

Anticipated Date of Opening: 06 / 01 / 2012

Company Name: First Student, Inc. (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: 01/17/2009 (under current name of First Student, Inc.)

Business Name (DBA): First Student, Inc. #20757 Business Phone: (651) 777-2319

Business Address (business location): 80 Arlington Avenue East St. Paul MN 55117

Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Jackson Street & County Road 49 Which side of the street? South

Mail To Address (if different than business address): 110 Perimeter Park, Suite E, Knoxville, TN 37922

Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title : Randy Rogers Location Manager

First Middle (Maiden) Last Title

Home Address: _____

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: First Student, 1102 North Snelling Avenue, St. Paul, MN

Have any of the above named licenses ever been revoked?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

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)

First Student, Inc., 6349 Stillwater Boulevard, Oakdale, MN 55128; Phone: 651-777-2319

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

| Officer Name | Title | Home Address | Home Phone | Business Phone | Date of Birth |
|-----------------------------------|--------------|---------------------|-------------------|-----------------------|----------------------|
| Linda Burtwistle, President | | | | | |
| Christian Gartner, Vice President | | | | | |
| Dean Suhre, CFO | | | | | |

See additional page for remaining corporate officers.

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: 1486430

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

Additional Page for Corporate Officers:

| Officer Name | Title |
|---------------------|-------------------------------|
| Bruce Rasch | SVP, Gen. Counsel & Secretary |
| Mike Sims | Treasurer |
| Michael Petrucci | Assistant Secretary |
| Susan A. Whittaker | Assistant Secretary |
| Brian Beechem | Assistant Secretary |

**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.

Randy K. Rogers
Signature (REQUIRED for all applications)

5/25/12
Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – "1" is most preferred):

1 Phone Number with area code: (651) 777-2319 Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

2 Phone Number with area code: (651) 335-3963 Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

4 Mail: 6349 Stillwater Boulevard Oakdale MN 55128
Street (#, Name, Type, Direction) City State Zip + 4

3 Internet: randy.rogers@firstgroup.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 incorporation 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. ****

Signature of Cardholder (required for all charges): _____

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 ▶ | | | | | | | | | | | | | | | | | | | | |



CITY OF SAINT PAUL
OFFICE OF THE CITY COUNCIL
310 CITY HALL
15 WEST KELLOGG BOULEVARD
SAINT PAUL, MN 55102-1615
EMAIL: LH-Licensing@ci.stpaul.mn.us
PHONE: (651) 266-8560 FAX: (651) 266-8574

NOTICE OF LEGISLATIVE HEARING

Randy Rogers
First Student Inc
6349 Stillwater N Blvd
Oakdale MN 55128
randy.rogers@firstgroup.com

Dear Mr. Rogers:

One (1) letter of objection/concern has been received regarding your application for a Gas Station license. You are invited to attend and participate in a hearing before the Legislative Hearing Officer regarding these concerns.

The Legislative Hearing will be held on:

DATE: **Thursday, July 26, 2012**
TIME: **2:00 p.m.**
PLACE: Saint Paul City Hall/Ramsey County Courthouse
Third Floor, Room 330, Committee Hearing Room
15 Kellogg Boulevard West
Saint Paul, Minnesota 55102

At this hearing, the Legislative Hearing Officer will take testimony from all interested people. At the end of this hearing, she will make a recommendation as to whether the license should be approved, approved with conditions, or referred to an Administrative Law Judge. The City Council will have the final authority to grant or deny this license.

c: Councilmember Brendmoen
District 6 Planning Council
Daphne Lundstrom, City Attorney's Office

Notice Mailed: 7/17/12 by Vicki Sheffer, 651-266-1941

