

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Have any of the above named licenses ever been revoked?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

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.

**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