

20130002783

*OK*



### 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](http://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

Restaurant (2) - 1-12 Seats	476. <sup>00</sup>
Malt On Sale (3.2)	605. <sup>00</sup>
Sidewalk Cafe [NO OUTDOOR LIQ. SERVICE]	33. <sup>00</sup>
Obstruction Permit	53. <sup>00</sup>
<b>Total</b>	<b>1,167.<sup>00</sup></b>

Anticipated Date of Opening: 05 130 113 Company Name: Eden Pizza Fun cities LLC

Business Name (DBA): Eden Pizza Business Phone: (651) 648-7618

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 05 12 113

Business Address (business location): 629 Aldine St St Paul MN 55404  
Street (#, Name, Type, Direction) City State Zip + 4

Mail To Address (if different than business address): 629 Aldine St  
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: Walt Still Prop  
First Last Middle

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

Home Phone (\_\_\_\_\_) Alternative Phone (\_\_\_\_\_) Email: walt5012@gmail.com  
walt5012@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: used to own two  
night clubs in Mds. Axis & Esom's class B

Have any of the above named licenses ever been revoked?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

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)

Self Employed

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

Officer Name Title Home Address Home Phone Business Phone Date of Birth

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

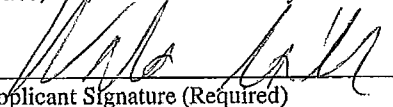
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

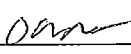
First Name Middle Initial (Maiden) Last Date of Birth

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. 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.

  
Applicant Signature (Required)

  
Title

5/17/13  
Date

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. \*\*