

20160001598



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. | LABORATORY SALE 101-180 SEATS | \$3,200.00 |
| b. | ENTERTAINMENT B | \$589.00 |
| c. | LABORATORY SALE THEATER | \$1,679.00 |
| d. | High School | 200 |
| e. | Up on Sale 101-180 Seats | 5,206.00 |
| f. | | |
| g. | 1/2 of up. \$3,392 | 167/16 |

Total: **\$ 22,886.00**

Business Information

Business Address: 929 7th Street West St. Paul MN 55102
Street City State Zip

Company Name: NORTH GARDEN THEATER Doing Business As: _____

Company Type: (LLC) Corporation X Partnership _____ Sole Proprietorship _____

Date of Incorporation: 1 / 7 / 16 Anticipated Opening: 10 / 1 / 16

Mailing Address: _____
Street City State Zip

Business Phone: 612-272-5680 Fax Number: _____

Applicant Information

Applicant Name: RYAN PAUL NORTH
First Middle Last

Title: OWNER Date of Birth: / /

Drivers License: _____ Email: info@northgardentheater.com
State License #

Home Address: _____
Street City State Zip

Cell Phone: 612 272 5680 Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes: X

No: _____

If no, who will operate it?

Operator Name:

RYAN

PAUL

NORTH

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

612-272-5680

Are you going to have a manager or assistant in this business?

Yes: X

No: _____

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

Manager Name:

HAVE NOT HIRED YET

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:

TINA

NORTH

First

Middle

Last

Title:

OWNER

Email:

info@northyardentheater.com

Home Address:

Street

City

State

Zip

Date of Birth:

Phone:

612-408-2543

Officer Name:

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone:

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

Title

Date

OWNER /
ARTISTIC DIRECTOR

4/21/16