Vang, Mai (CI-StPaul)

From: Roseanne Hope <roseanne@hopelawoffice.com>
Sent: Wednesday, May 13, 2015 4:12 PM
To: Fischbach, Jeffrey (CI-StPaul); *CI-StPaul_LegislativeHearings
Cc: bender_ahc@live.com; Tara
Subject: Maypop Sales and Service
Attachments: Class N Application.pdf; MAYPOP SALES AND SERVICE Business Plan 050715.docx

Dear Jeffrey, Marcia and Mai
In follow up to the legislative hearing on May 5, 2015, attached please find the Business Plan for Maypop Sales and Service and the Class N License Application including the site plan and related documents. After the hearing, Tara Schweiger and I met with Jeffrey Fischbach and delivered to him all of the application requirements except the Application, Fee, Business Plan and Site Plan. As Officer Moermond required, please send this Business Plan to the City Attorney to determine what license is required, if any, for the wholesale sale of used tire business. We did not officially file an application with Mr. Fischbach as we need to determine which license application is required, if any.
As you know, the review process will take 1-2 weeks and then there is a 30 day notice period once we have filed the complete application. We are committed to working with the city to get this completed as quickly as possible.
Please let us know if you have any comments.

Thank you,
Roseanne Hope
Attorney for Mapop Sales and Service

HOPE LAW

Roseanne Hope
Hope Law PLLC
4999 France Avenue South, Suite 245
Minneapolis, MN 55410
612-669-7017
roseanne@hopelawoffice.com

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
1 class N upper	
Total	

Anticipated Date of Opening: 10/29/2010 **Company Name:** Maypop Sales + Services

Business Name (DBA): MayPop Sales & Services **Business Phone:** 651.644.8473

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP **Date of Incorporation:** ____/____/____

Business Address (business location): 2554 Como Ave. Saint Paul, MN 55108
Street (#, Name, Type, Direction) City State Zip + 4

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

Applicant Name and Title: Benjamin Taylor Helberg owner
First Middle (Maiden) Last Title

Home Address: 1576 Hoyt Ave Saint Paul, MN 55106
Street (#, Name, Type, Direction) City State Zip + 4

Phone: 651.755.5658 **Alternative Phone:** 651.955.6390 **Email:** bender_abc@live.com

Date of Birth: 1-30-72 **Place of Birth:** St. Paul mn

Driver License: E415000794910 **State of Issue:** MN

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES ✓ **NO** ____

Date of Arrest: 2/14/2009 **Where?** ST. PAUL

Charge: 5th Degree possesion

Conviction: _____ **Sentence:** 5yrs probation

List licenses which yon cnrrently hold, formerly held, or may have an interest in: DRIVERS LICENSE

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
BENJAMIN	T	HELBERG		1-30-72

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
1576 Hoyt St	ST. PAUL	MN	55106	(651) 7555658

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)*

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.

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.

Applicant Signature (Required)	Title	Date
	CEO OWNER	5/12/2015

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.

ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Please Type or Print In Ink

Licensee's Name: Benjamin Taylor Hellberg

DBA: May Pop Sales & Services

Business Address: 2554 Como Ave St. Paul MN 55108

Business Phone: 651-644-8475 Preferred Phone: 651-788-5658

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and 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. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: 476452851 Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa											Expiration Month/Year ▶▶					
Enter Account Number ▶																

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.
If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

_____ 4/18/15

Signature (REQUIRED for all applications) Date

Zoning Summary Sheet*

Date: 4/28/15 License ID# (Office Use) _____

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

***Zoning approval will not be granted for this license request without this information.**

Business Address 2554 Como Ave (Street Address) **Business Type** Tire wholesaler

Business Name May Pop Sales & Services

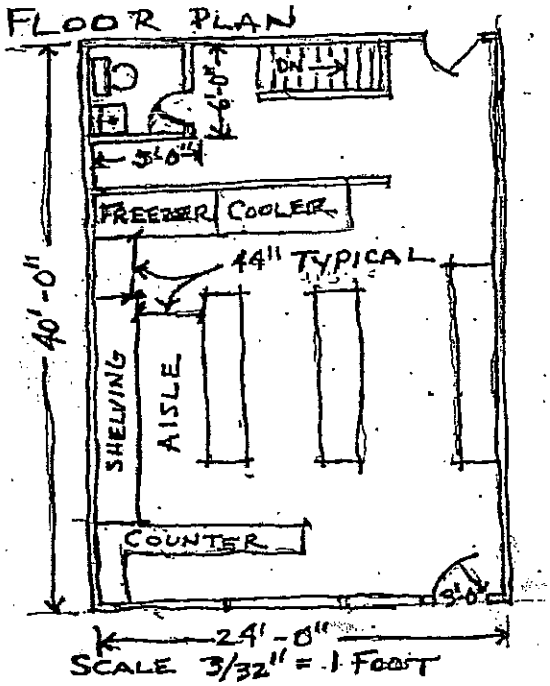
Licensee/Owner Name: Benjamin Taylor Heiberg **Day Phone:** 651.705-5658
(Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 – 15 if you are applying for a restaurant license.
Contact the zoning inspector at 651/266-9083 if you have questions about the information needed on this form.

1. What is the gross floor area for this business? 17,500 square feet.
2. What was the previous use of this space? Rigging Company
3. How many off-street parking spaces are provided for this business? 10
4. How many different uses are in the building? 2
5. What are these uses? Lumber yard
6. Do you own the property or are you leasing it? Lease

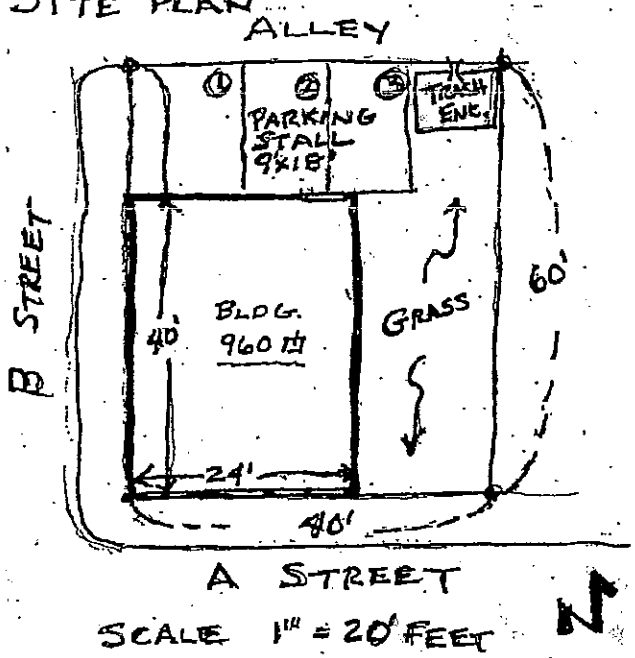
7. Do you intend to have a drive-thru window? ___ yes 1 no
8. Will you have a permanent menu board? ___ yes ___ no
9. Do you intend to serve liquor? ___ yes 1 no
10. Is this a restaurant associated with a Chain or franchised business? ___ yes ___ no
11. Will customers pay for their food before consuming it? ___ yes ___ no
12. Is a self-service condiment bar proposed? ___ yes ___ no
13. Are trash receptacles provided for self-Service bussing? ___ yes ___ no
14. Will there be hard finished, stationary seating? ___ yes ___ no
15. Are your main course food items Prepackaged _____ or made to order? _____

FLOOR PLAN



SCALE 3/32" = 1 FOOT

SITE PLAN



SCALE 1" = 20' FEET

Certificate of Compliance
Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
May Pop Sales & Services	

DBA (doing business as name) (if applicable)

May Pop Sales & Services

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
2554 Como Ave S	St. Paul	MN	55108

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

Auto Owners Insurance

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
08-224380	12/23/2014	

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

☑ I have no employees.
☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other:

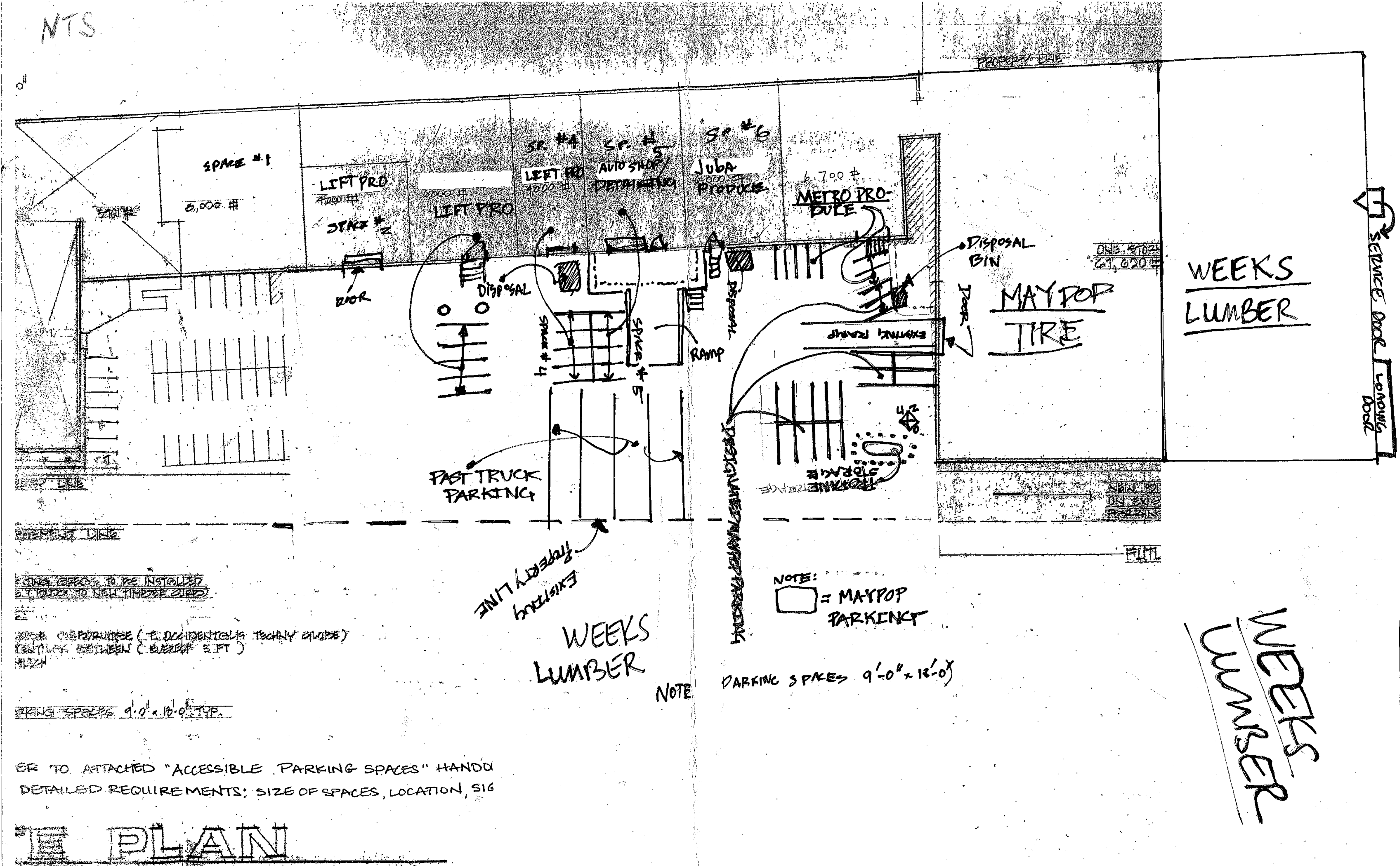
ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

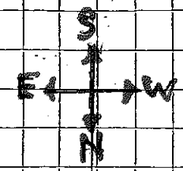
APPLICANT SIGNATURE (mandatory)	TITLE	DATE
	CEO	5/28/15

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.


NTS
SPACE #1
5,000 #
LIFT PRO
4000 #
SPACE #2
6000 #
LIFT PRO
SP. #4
LIFT PRO
4200 #
SP. #5
AUTO SHOP / DETAILING
SP. #6
Juba PRODUCE
6,700 #
METRO PRODUCE
PROPERTY LINE
DOOR
DISPOSAL
SPACE #4
SPACE #5
RAMP
DISPOSAL
DISPOSAL BIN
ONE STORY
DOOR
EXISTING RAMP
MAYPOP TIRE
WEEKS LUMBER
SERVICE DOOR
LOADING DOOR
PAST TRUCK PARKING
PROPANE STORAGE
DESIGNATED MAYPOP PARKING
EXISTING PROPERTY LINE
NOTE: ▭ = MAYPOP PARKING
WEEKS LUMBER
NOTE PARKING SPACES 9'-0" x 18'-0"
WEEKS LUMBER
PARKING SPACES 9'-0" x 18'-0" TYP.
ER TO ATTACHED "ACCESSIBLE PARKING SPACES" HANDO
DETAILED REQUIREMENTS: SIZE OF SPACES, LOCATION, SIG
E PLAN

TOP ELEVATION



MAYPOP SQ FT. USAGE:
(150 x 160 Sq Ft.)

WEEKS LUMBER YARD

6'-0 CHAIN LINK FENCE W/ BARB WIRE

300'

TIRE STORAGE

(UNRENTED SPACE)

TIRE STORAGE

LOADING DOCK DOOR

MAIN ENTRANCE

16' x 16' SHED 2x6 & PLYWOOD CONSTRUCTION

SEE DETAIL A
ALSO- SEE DETAIL B

EXIT

LOADING DOCK DOOR

85'-2"

50'-2"

300'

85'-11"

OFFICE

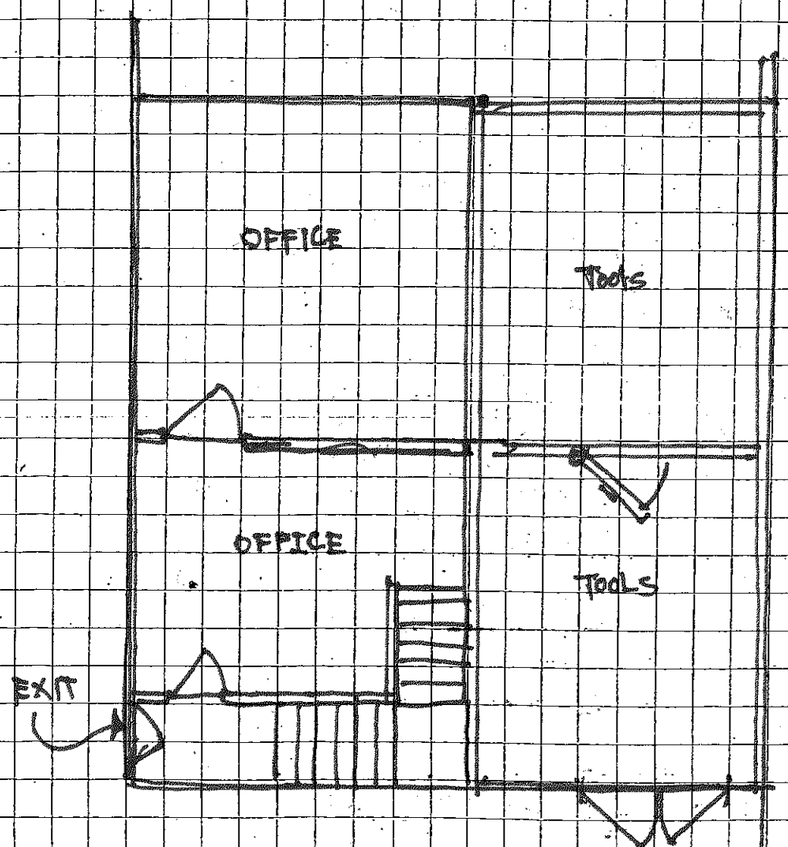
MAIN ENTRANCE

SCALE 1" = 10'

FOR: MAYPOP TIRES SALES AND SERVICE
2554 COMO AVE. ST. P.
ST. PAUL, MN 55108-1283

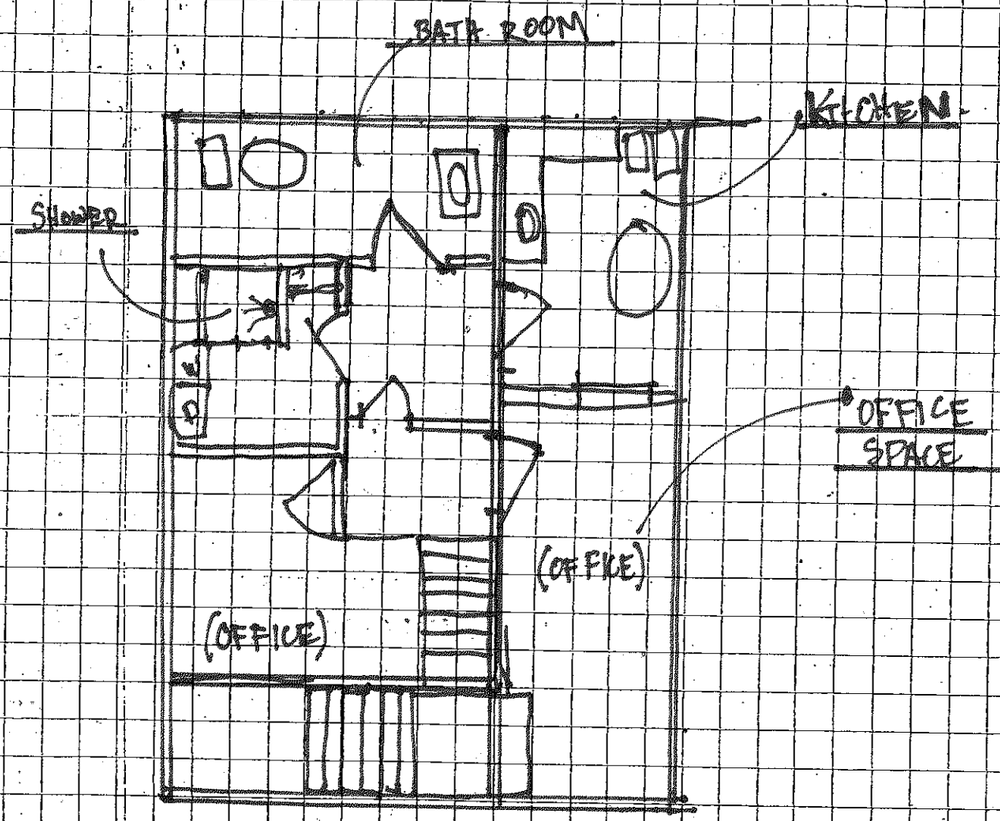
OWNER: BENJAMIN HELBERG

DETAIL : (A)



FIRST FLOOR PLAN

DETAIL : (B)



SECOND FLOOR PLAN