

20140000394



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

RECEIVED IN D.S.I.
FEB 18 2014

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)	Shared Parking	\$215	Fees
	LIQUOR OUTDOOR SERVICE SIDEWALK		33.00
	" " " P.W. SIDEWALK OBST.		53.00
(85 SEATS)	LIQUOR ON SALE R100 SEAT OR LESS	2,282.00	2282.00
	LIQUOR ON SALE SUNDAY		200.00
	ENTERTAINMENT A		27.00
	ALARM PERMIT		27.00
	LIQUOR OUTDOOR PATIO		72.00
	Total		2700.00

Anticipated Date of Opening: 4/22/14 ALARM PERMIT

Company Name: Double Black Diamond, Inc (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: 8/2012

Business Name (DBA): Red Cow Business Phone: (651) 336-2179

Business Address (business location): 393 Selby Ave St Paul MN 55102
 Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Selby - Western Which side of the street? N

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

APPLICANT INFORMATION:

Name and Title: Luke Robert Shimp Pres.
 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: _____

List licenses which you currently hold, formerly held, or may have an interest in: Red Cow - Mpls (current); Grounded Top - St Paul, Sausi - St Paul, Highland

Have any of the above named licenses ever been revoked?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
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TBD - they will be hired 4/1/14

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

Red Cow - Mpls, MN (owner) 8/2012 - Present
 Blue Plate Restaurant Company (owner) 2002 - 2012; 7 restaurants
 Highland Grill, Scusi & Groundwork Tap - St Paul; Longfellow Grill
 & The Hourly - Mpls, 3 Squares - Maple Grove and Eelina Grill - Ed

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
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Tracy M Bachant
 CEO
 Luke R Shimp

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
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Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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First Name	Middle Initial	(Maiden)	Last	Date of Birth
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Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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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.

**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.

2/17/14

Signature (REQUIRED for all applications)

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) 336-2179 Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

____ Phone Number with area code: () _____ Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

3 Mail: _____
Street (#, Name, Type, Direction) City State Zip + 4

2 Internet: Luke @ Red Cow MN. 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 corporation 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):

[Signature] 2,1014.00

2/20/14 - Cal

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

American Express Discover MasterCard Visa

Expiration
Month/Year
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