

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager if different from Applicant

Manager's Name: _____ Any other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: ____ / ____ - ____
Street Address City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License as Shareholders/Officers/Partners

Name: Sandra K. Behale owner (Circle: Shareholders Officers Partners)
First Middle Maiden Last Title Any Other Name(s) Used:

Home Address: 3410 Surrey Heights 55121 Home Phone: 651/497-7368
Street Address City State Zip+4

Birth Date: 1/29/53 Place of Birth: Ramsey Driver's License # MN013244131404

Name: _____ (Circle: Shareholders Officers Partners)
First Middle Maiden Last Title Any Other Name(s) Used:

Home Address: _____ Home Phone: ____ / ____ / ____
Street Address City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Minnesota Tax Identification Number: 4134681 To apply for this sales and use tax number, call (651/296-6181).
 If a MN. Tax Id. Number is not required for the business being operated, indicate so by placing an "X" in the box.

The following additional information is required for your application to be complete: (check if received)

- Zoning Worksheet + Floor plan & Site plan. See attached handout for additional explanation of what is required.
- Property Lease Agreement or Proof of Ownership

Signatures from neighbor

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 also understand this premise may be inspected by police, fire, health, zoning, and other city officials at any times when the business is in operation.

Sandra K Behale president 9-27-09
Signature of Responsible Person Title Date

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

If you are paying for your License by American Express, Discover, MasterCard or Visa, you may fax your application. The credit card information section must be filled in and signed.

Our FAX number is 651/266-9124.

If paying by check, please mail the application and the check to us. Make checks payable to: City of St Paul

Revised 01/16/2009

9-10/23/09 - call