2010 0005268

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-9090 Fax: 651-266-9124
Visit our Website at: www.stpaul.gov/dsi

RECEIVED IN D.S.I.
DEC 28 2010

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
Lig. On Sale 100 Seats or less 82 seats	4564.00
Liquor On Sale Sunday	200.00
Restaurant 4	631.00
Entertainment B - $572 ; Gambling Location $ 71.00	
Alarm Permit - $27.00 (Check #0529) Total	6,065.00

Anticipated Date of Opening: 1/2/11

Company Name: MOUNDS PARK LOUNGE INC (Circle: Corporation / Partnership / Sole Proprietorship)

If business is incorporated, give date of incorporation: 12-20-10

Business Name (DBA): MOUNDS PARK LOUNGE Business Phone: (651) 771-4776

Business Address (business location): 1067 HUDSON Rd ST. PAUL, MN 55106-6107
Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? EARL + Which side of the street? NORTH

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

APPLICANT INFORMATION:

Name and Title: GREGORY MICHAEL (Maiden) OLSON Owner
First Middle 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: _____

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: N/A

Have any of the above named licenses ever been revoked?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

GREGORY MICHAEL (Maiden) OLSON
First Name Middle Initial Last Date of Birth

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

Revised 01/16/2009

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:

GREGORY MICHAEL OLSON

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)*

METRO TRANSIT 36½ YRS.

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

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: 1880309

☐ **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.

12/29-10

Signature (REQUIRED for all applications) Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – "1" is most preferred):

_____ Phone Number with area code: (651) 771-4776 Extension _____
Check the type of Phone Number listed above: ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

_____ Phone Number with area code: (651) 468-1503 Extension _____
Check the type of Phone Number listed above: ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

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

_____ Internet: OCHIP3552@GMAIL.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. **

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 ▶▶					
Enter Account Number ▶																

Signature of Cardholder Date

Revised 01/16/2009