SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	**Fee(s):**
1. Class B Entertainment License	672
2. Expansion of Current Liquor License Service Area	N/A
3.	
4.	
5.	
6.	
7.	
Total:	$ 672.00

Business Information

Business Address: 2115 Summit Avenue (Street) Saint Paul (City) MN (State) 55105 (Zip)

Company Name: University of St. Thomas **Doing Business As:** _____

Company Type: Corporation (●) Partnership (○) Sole Proprietorship (○)

Date of Incorporation: 01/26/1894 **Date of Anticipated Opening:** _____

Mailing Address: 2115 Summit Avenue (Street) Saint Paul (City) MN (State) 55105 (Zip)

Business Phone #: 651-962-6095 **Email Address:** mdvangsgard@stthomas.edu

Applicant Information

Applicant Name: Mark (First) _____ (Middle) Vangsgard (Last)

Title: _____ **Date of Birth:** _____

Drivers License: _____ (State) _____ (License #) **Email:** _____

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Cell Phone #: _____ **Alternate Phone #:** _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ◯ No: ◉
If no, who will operate it?

Operator Name: Steve (First) _____ (Middle) Griffin (Last)

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Date of Birth: _____ **Phone #:** _____ **Email Address:** _____

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: Tracy Vopatek (First) _____ (Middle) _____ (Last)

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Date of Birth: _____ **Phone #:** _____ **Email Address:** _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Abigail (First) _____ (Middle) Crouse (Last)

Title: General Counsel **Email:** _____

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Date of Birth: _____ **Phone #:** _____

Officer Name: Robert (First) _____ (Middle) Vischer (Last)

Title: President **Email:** _____

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Date of Birth: _____ **Phone #:** _____

Officer Name: Mark (First) _____ (Middle) Vangsgard (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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

_____ (Applicant Signature) CFO (Title) 7/15/2025 (Date)