20140003190



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 | | | | | |
|---|---|---------------------------------|------------------------------|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| Off Sale L | 1,089.00 | | | | | | | |
| | | | . / | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Tot | tal | | | | | |
| Anticipated Date of Opening: 04 / 03 / 2015 Company Name: Target Corporation | | | | | | | | |
| Business Name (DBA):Target Store T2229 | | Business Phone: 65 | 1-642-1146 | | | | | |
| Business Type (circle one): CORPORATION PARTNERSHIP | SOLE PROPRIETORSHIP | Date of Incorporation: | / | | | | | |
| Business Address (business location): | 1300 University Ave | W Saint Paul | MN 55104-4103 | | | | | |
| | Street (#, Name, Type, Direct | ion) City | State Zip + 4 | | | | | |
| Mail To Address (if different than business address) | get Corp. ATTN: Liquor Lice | nsing, 33 S. 6th Street, CC-102 | 8 Minneapolis, MN 55402-3601 | | | | | |
| | Street (#, Name, Type, Direct | ion) City | State Zip + 4 | | | | | |
| Applicant Name and Title: Rachael B. | Plotkin | Vegas | Vice President | | | | | |
| First Middle Home Address: | (Maiden) | Last | Title | | | | | |
| Street (#, Name, Type, Direction) | City | | State Zip + 4 | | | | | |
| Phone: Alternative Phone: | hone: Alternative Phone: Email: Liquor.Licensing@target.com | | | | | | | |
| Date of Birth: Place of Birth: | | | | | | | | |
| Driver License: | ver License: State of Issue: | | | | | | | |
| Have you ever been <u>convicted</u> of any felony, crime or violation of any city ordinance other than traffic? YES NO _X | | | | | | | | |
| Date of Arrest: N/A Where? N/A | 4 | | | | | | | |
| | | | | | | | | |
| Charge: N/A | | | | | | | | |
| Conviction: N/A Sentence: N/A | | | | | | | | |
| List licenses which you currently hold, formerly held, or may have an interest in: See attached list of liquor license held by Target. | | | | | | | | |
| Have any of the above named licenses ever been revoked? YESXNO If yes, list the dates and reasons for revocation: | | | | | | | | |
| | | | | | | | | |
| Are you going to operate this business personally?YESXNO If not, who will operate it? | | | | | | | | |
| Kevin L. | | Munsey | | | | | | |
| First Name Middle Initial | (Maiden) | Last | Date of Birth | | | | | |
| 1300 University Ave W | Saint Paul | MN 55104-4103 | (651) 642-1146 | | | | | |
| Home Address: Street (#. Name, Type, Direction) | | State Zin + 4 | Phone Number | | | | | |

| APPLICANT INFORMATION (Continued): Are you going to have a manager or assistant in this business? YESNO If the manager is not the same as the Operator, please complete the following information: | | | | | | | |
|---|---|---------------------------------------|---------------------------------------|---|---------------------------------------|--|--|
| N/A - Manager is the san | | | | | | | |
| First Name | Middle Initial | (Maiden) | | Last | Date of Birth | | |
| | | (Ivanideni) | | Last | Date of Diftin | | |
| Home Address: Street | t (#, Name, Type, Direction) | City | State | Zip + 4 | () Phone Number | | |
| | | | | | | | |
| Licensee Work History (<i>list name, address and phone number of all employers for the previous 5 year period</i>) Target Corporation, 100 Nicollet Mall, Minneapolis, MN-612-761-7615. 02/2003-Present | | | | | | | |
| | | , , , , , , , , , , , , , , , , , , , | | *************************************** | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | of the corporation (use addition | | • • | | | | |
| | Title Home Addr | ess] | Home Phone | Business Pho | ne Date of Birth | | |
| See attached list | | | | | | | |
| | | | A | | | | |
| 1 | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | • | | | |
| If business is a partner | ship, please include the followi | ing information fo | r each nartner | (use additional | nages if nagescenty) | | |
| | mp, preuso menuao me rono (1) | ing million to | r cach partner | (use additional) | pages if necessary). | | |
| N/A First Name | Middle Initial | (Mr.: 1) | | т. | 7 | | |
| first Name | wildite initial | (Maiden) | | Last | Date of Birth | | |
| | | | | | () | | |
| Home Address: Street | t (#, Name, Type, Direction) | City | State | Zip + 4 | Phone Number | | |
| | | | | | | | |
| First Name | Middle Initial | (Maiden) | | Last | Date of Birth | | |
| | | | | | | | |
| | | | | | | | |
| Home Address: Street | t (#, Name, Type, Direction) | City | State | Zip + 4 | () Phone Number | | |
| | 'ANSWERS GIVEN OR MAT | | | | | | |
| I hereby state that I have | e answered all of the preceding q | uestions and that the | he information co | ontained herein i | s true and correct to the best of | | |
| my knowledge and believed | ef. | | | | | | |
| CONSENT TO BACK | GROUND CHECK | | | | | | |
| I hereby consent to and | authorize the Saint Paul Police D | Department and the | Department of S | Safety and Inspec | ctions (DSI) to use the | | |
| to provide these records | ided to check criminal histories, to DSI and its City Attorney to o | arrest and driving a | records, and war | rant information; | and for the Police Department | | |
| contained in the crimina | al background investigation is no | t public, except the | it it may be conv | eved to other law | derstand that the information tension | | |
| agencies. This consent | expires one year from the date be | elow. | , | , | <u></u> | | |
| | | | | | untiet. | | |
| — Appneant Signature (Ke | · - | /ice President | | | 10113114 | | |
| | | | | | Date ' ' | | |
| 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. | | | | | | | |

8.10/23/14-lab