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
Total	

Anticipated Date of Opening: 11 / 30 / 15 Company Name: Mucci's Italian

Business Name (DBA): Mucci's Business Phone: 612-751-6599

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 09 / 17 / 2015

Business Address (business location): 786 Randolph Ave St Paul MN 55102
Street (#, Name, Type, Direction) City State Zip + 4

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

Applicant Name and Title: Christopher James Ulrich
First Middle (Maiden) Last Title

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

Phone: _____ Alternative Phone: _____ Email: chris@domeats.com

Date of Birth. Place of Birth: _____

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 X

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: _____

Have any of the above named licenses ever been revoked?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

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*)

Strip Club Meat and Fish, 378 Maria Ave St. Paul (651) 793-6247
Heidis Minneapolis, 2903 Lyndale Ave S Minneapolis,
Corner Table, 4537 Nicollet Ave S Minneapolis 55419 (612) 823-0011

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
TIMOTHY NEVER	PRESIDENT				

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

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.

CONSENT TO BACKGROUND CHECK
I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature (Required)	Title	Date
	Chef / Partner	9/17/15

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.

Revised 10/16/2013

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CLASS N LICENSE APPLICATION

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{This application is subject to review by the public}

Types of License(s) being applied for: (Office Use Only)	Fees
Wine 1881 - 1/2	940.50
Strong Beer 1005	605
Total	1545.50

Anticipated Date of Opening: 12 / 1 / 15 **Company Name:** MUCCI'S ITALIAN LLC

Business Name (DBA): _____ **Business Phone:** 612-251-6599

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP **Date of Incorporation:** 9 / 17 / 2015

Business Address (business location): 736 RANDOLPH AVE (Street (#, Name, Type, Direction)) ST PAUL (City) MN (State) 55102 (Zip + 4)

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

Applicant Name and Title: TIMOTHY (First) R (Middle) _____ (Maiden) NIVER (Last) PRESIDENT (Title)

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

Phone: _____ **Alternative Phone:** _____ **Email:** _____

Date of Birth: _____ **Place of Birth** _____

Driver License: _____ **State of Issue:** MN

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ **NO** X

Date of Arrest: _____ **Where?** _____

Charge: _____

Conviction: _____ **Sentence:** _____

List licenses which you currently hold, formerly held, or may have an interest in: STRIP CLUB MEAT AND FISH LLC ST.P LLC

Have any of the above named licenses ever been revoked? _____ YES X **NO If yes, list the dates and reasons for revocation:**

_____

Are you going to operate this business personally? X **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

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)*

Step Child Meat and Fish 378 Maria Ave St. Paul 55106 651-793-6247

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

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
CHRISTOPHER URICH					

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

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Applicant Signature (Required)	Title	Date
	PRESIDENT	10/1/15

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.

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