

2018 0001677



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

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MAY 02 2018

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:

Fee(s):

- a. Pawn shop \$ 2854.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 2854.00

Business Information

Business Address: 1636 University Ave W, St. Paul, MN 55104-3821
Street City State Zip

Company Name: Pawn America Minnesota LLC Doing Business As: Pawn America

Company Type: LLC Corporation _____ Partnership _____ Sole Proprietorship _____

Date of Incorporation: 1 1 Anticipated Opening: 6 1 12

Mailing Address: _____
Street City State Zip

Business Phone: 952 646.1765 Fax Number: 952 646.2765

Applicant Information

Applicant Name: Wayne Paul Rixmann
First Middle Last

Title: owner Date of Birth: _____

Drivers License: _____ Email: _____

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: _____ No: X

If no, who will operate it?

Operator Name: Bradley Kent Rixmann
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: 1

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: TBD
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: 1 1 _____ Phone: _____

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

Officer Name: Bradley Kent Rixmann
First Middle Last

Title: chief manager Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone: _____

Officer Name: Steven James Caulfield
First Middle Last

Title: chief operations officer Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone: _____

Officer Name: Keith Richard Kaestner
First Middle Last

Title: chief financial officer 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.

Applicant Signature: _____ Title: owner Date: 4.19.18

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