

20240000052



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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. | Pawn | \$3,191.00 |
| 2. |      |            |
| 3. |      |            |
| 4. |      |            |
| 5. |      |            |
| 6. |      |            |
| 7. |      |            |

Total: **\$ 3,191.00**

#### Business Information

Business Address: 525 E. 7TH STREET ST. PAUL MN 55101  
Street City State Zip

Company Name: EZPAWN MINNESOTA, INC. Doing Business As: MAX-IT PAWN

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 08/10/2016 Date of Anticipated Opening: 01/19/2024

Mailing Address: 2500 Bee Cave Rd Bldg 1 Ste 200 ROLLINGWOOD TX 78746  
Street City State Zip

Business Phone #: (512) 314-3465 Email Address: LEGAL@EZCORP.COM

#### Applicant Information

Applicant Name: FRANCES DENISE LANDIN  
First Middle Last

Title: VP & ASST. SECRETARY

Date of Birth: [REDACTED]

Drivers License: [REDACTED]  
State License #

Email: [REDACTED]

Home Address: [REDACTED]  
City State Zip

Cell Phone #: [REDACTED]

Alternate Phone #: [REDACTED]

**Supplemental Required Information**

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

Operator Name: \_\_\_\_\_  
First Middle 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:  No:

If manager is not the same as the operator, please complete the following information:

DISTRICT Manager Name: STEVEN \_\_\_\_\_ DENTON \_\_\_\_\_  
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: JOHN \_\_\_\_\_ BLAIR \_\_\_\_\_ POWELL \_\_\_\_\_  
First Middle Last  
Title: PRESIDENT \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: ELLEN \_\_\_\_\_ HEIRMONIUS \_\_\_\_\_ BRYANT \_\_\_\_\_  
First Middle Last  
Title: SVP & SECRETARY \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: TIMOTHY \_\_\_\_\_ KEITH \_\_\_\_\_ JUGMANS \_\_\_\_\_  
First Middle Last  
Title: CFO \_\_\_\_\_ 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.

[Redacted Signature]

VP & ASST. SECRETARY \_\_\_\_\_ 11/14/2023 \_\_\_\_\_  
Title Date