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. Liquor On-Sale Less than 100 Seats	4,891.00
2. Sunday Liquor Sales	200.00
3.	
4.	
5.	
6.	
7.	
Total:	$ 5,091.00

Business Information

Business Address: 150 Smith Avenue N (Street) | Saint Paul (City) | MN (State) | 55102 (Zip)

Company Name: St. Paul QOZ Hotel, L.L.C. **Doing Business As:** Courtyard by Marriott

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

Date of Incorporation: 03/21/2019 **Date of Anticipated Opening:** 06/05/2023

Mailing Address: 2901 Butterfield Road (Street) | Oak Brook (City) | IL (State) | 60523 (Zip)

Business Phone #: (877) 990-8409 **Email Address:** binder@inlandprivatecapital

Applicant Information

Applicant Name: Joseph (First) Earl (Middle) Binder (Last)

Title: Executive Vice President **Date of Birth:** [redacted]

Drivers License: [redacted] (State) (License #) **Email:** [redacted]

Home Address: [redacted] (Street) | [redacted] (City) | [redacted] (State) | [redacted] (Zip)

Cell Phone #: [redacted] **Alternate Phone #** [redacted]

(Continued on back)

Supplemental Required Information

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

Operator Name: St. Paul QOZ Hotel, L.L.C.
First Middle Last

Home Address: [redacted]
Street City State Zip

Date of Birth: _____ **Phone #:** [redacted] **Email Address:** [redacted]

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:

Manager Name: Compass45 Hospitality LL
First Middle Last

Home Address [redacted]
Street City State Zip

Date of Birth: _____ **Phone #** [redacted] **Email Address:** [redacted]

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

Officer Name: Scott Meyer
First Middle Last

Title: Managing Member **Email:** [redacted]

Home Address: [redacted]
Street City State Zip

Date of Birth: [redacted] **Phone #:** [redacted]

Officer Name: _____
First Middle Last

Title: _____ **Email:** _____

Home Address: _____
Street City State Zip

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

Officer Name: _____
First Middle 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.

[redacted]
Applicant Signature

Executive Vice President
Title

05/26/2023
Date