Received

MAY 30 2024

City of Saint Paul - DSI

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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. ~~Entertainment C~~	~~3191.00~~
2. Theater ~~& Movie Theater~~	210.00
3.	
4.	
5.	
6.	
7.	
Total:	$ 0.00

Business Information

Business Address: 825 University Ave W (Street) St. Paul (City) MN (State) 55104 (Zip)

Company Name: 825 Arts **Doing Business As:** 825 Arts

Company Type: Corporation ○ Partnership ○ Sole Proprietorship ⊘

Date of Incorporation: _____ **Date of Anticipated Opening:** 8/25/24

Mailing Address: 825 University Ave W (Street) St. Paul (City) MN 55104

Business Phone #: 612-300-3755 **Email Address:** [redacted]

Applicant Information

Applicant Name: Matt (First) Carter (Middle) Alb (Last)

Title: Operations Director **Date of Birth:** [redacted]

Drivers License: [redacted]

Home Address: [redacted]

Cell 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: _____ (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:

Manager Name: Tyler [redacted] Olsen

Home Addres [redacted]

Date of Birth: [redacted]

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

Officer Name: Nehemiah Lindale Jett (First / Middle / Last)

Title: Relationships Director Emai [redacted]

Home Address [redacted]

Date of Birth: [redacted]

Officer Name: Mercedes Consuelo Yarbrough (First / Middle)

Title: Community Engagement Direct Email: [redacted]

Home Address [redacted]

Date of Birth: [redacted]

Officer Name: Sara September Smith (First / Middle)

Title: Minecraft Coordinator Email: [redacted]

Home Address [redacted]

Date of Birth: [redacted]

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] Operations Director (Title) 5-17-24 (Date)