

**SAINT PAUL**
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101
City of Saint Paul - DSI
Phone: 651-266-8369
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. | Parking Garage - <u>PRIVATE</u> | 396.00 |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: \$ 396.00**Business Information**Business Address: 535 S. Lexington Parkway St. Paul MN 55116
Street City State ZipCompany Name: Moncalm Apartments Doing Business As: _____Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: _____ Date of Anticipated Opening: _____

Mailing Address: _____
Street City State ZipBusiness Phone #: (952) 892-8482 Email Address: _____**Applicant Information**Applicant Name: DANNIE H GUSTAFSON
First Middle LastTitle: MANAGER/LLC Date of Birth: _____Drivers License: _____
Home Address: _____
Cell Phone #: _____

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: _____
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: _____
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 #: _____

Officer Name: _____
First Middle Last

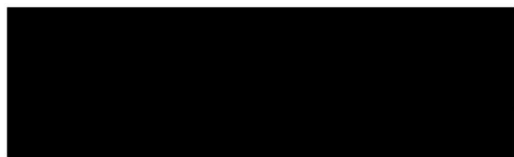
Title: _____ Email: _____

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.



Accounts Payable 2/20/24
Title Date