

DEC 09 2022

City of Saint Paul - DSI



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

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. Automotive Repair Garage 469
b.
c.
d.
e.
f.
g.

Total: \$ 469.00

Business Information

Business Address: 1669-71 University St. Paul MN 55104

Company Name: The Lift Garage Doing Business As: The Lift

Company Type: Nonprofit Corporation Partnership Sole Proprietorship

Date of Incorporation: 12/30/2012 Anticipated Opening: 12/1/22

Mailing Address: Street City State Zip

Business Phone: 612 540 2541 Fax Number:

Applicant Information

Applicant Name: CATHY HEYING

Title: Executive Director Date of Birth: / /

Drivers License: State License #

Home Address: Street City State

Cell Phone: Alternate 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 #: \_\_\_\_\_

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 *Johanna SMRCINA*

Home Address:

Street City State Zip

Date of Birth:

/ / Phone: \_\_\_\_\_

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

*NA*

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.

Applicant Sig

*Executive Director*

*12/5/22*

Title

Date