

Received

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
 Street City State Zip

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
 First Middle Last

Title: Executive Director Date of Birth: 1 / 1

Drivers License: _____
 State License #

Home Address: _____
 Street City State

Cell Phone: _____ Alternate Phone: _____

(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:

Street

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

Home Address:

Street

City

State

Zip

Date of Birth:

Street

Phone:

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:

Street

Phone:

Officer Name:

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Street

Phone:

Officer Name:

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Street

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

Title

Date

Executive Director

12/5/22