

240000633



APR 0 4 2024

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 City of Saint Paul - DSI Phone: 651-266-8989

Web: www.stpaul.gov/dsi

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:				
1. Trans	Transportation Network Companies (TNC) License			15
2.				
3				
4.		***		
5				
6	*			
7				
Business Information	n		Total: \$ 41	,115.00
Business Address:	413 Wacouta Street, Ste	540 St. Paul	MN	55101
Company Name:	Wheels, LLC	Doing Business As	MyWeels	
Company Type:	Corporation O	Partnership 💿	Sole Proprietorship	0
Date of Incorporation:	03/04/2024	Date of Anticipated Opening	<u>3:</u> 06/01/2024	
Mailing Address:	413 Wacouta Street, Ste 8	540 St. Paul	MN	55101
Business Phone #:	(612) 465-0264	Email Addr	ess:	
Applicant Informa	tion		-	
Applicant Name	e: Elam First	Middle	Baer	
Title:	President and CEO	Date of Birtl		
Drivers License:	State License #	Email:		
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: Home Address:** Date of Birth:_ Email Address: Are you going to have a manager or assistant in this business? Yes: If manager is not the same as the operator, please complete the following information: Manager Name: Home Address: ________Street State Date of Birth: Phone #: **Email Address:** Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: Baer Elam Middle President, Secretary, Tream Email **Home Address:** Date of Birth: Officer Name: Title: Email: Home Address: Street Phone #: ___ Date of Birth: _ Officer Name: Middle Email: Home Address: Street 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 usiness will operate.

President and CEO