

20240000750



Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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. <u>Parking Garage Ramp</u>	<u>405.00</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Total: \$ 405.00

#### Business Information

Business Address: 379 375 Cedar Street St. Paul MN 55101  
Street City State Zip

Company Name: Cedar Street Parking Partners Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 03/22/2024 Date of Anticipated Opening: 05/15/2024

Mailing Address: 120 S 6th St, Suite 2005 Minneapolis MN 55402  
Street City State Zip

Business Phone #: (612) 375-1301 Email Address: [REDACTED]

#### Applicant Information

Applicant Name: Paul Conrad Schnettler  
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

### Supplemental Required Information

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: Interstate Parking

Home Address: [Redacted]

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: Paul Conrad Schnettler  
First Middle Last

Home Address: [Redacted]

Date of Birth: [Redacted]

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

Officer Name: Douglas Gene Hoskin  
First Middle Last

Title: Owner Email: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

Officer Name: Anthony Marvin Janowicz  
First Middle Last

Title: Owner Email: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

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.

[Redacted Signature] \_\_\_\_\_  
Title Date