

Saint Paul, Minnesota 55101 Phone: 651-266-8989 Web: <u>www.stpaul.gov/dsi</u>

## Class "R" 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 Licens	se(s) being applied for:		Fee(s):	
ı. An	imal Boarding (Commercial)			\$ 83.00
2.				
_				
5				
6.				
			Total:	83.00
Business Informa	tion			
Business Addre	ess: 2418 University Ave	Saint Pa	aul MN State	55114
	ne: Mississippi Mutts, LLC		ness As: Dogtopia of S	
Company Ty	pe: Corporation 💿	Partnership 🔘	Sole Proprieto	rship
Date of Incorporation	on: <u>9/8/23</u>	Date of Anticipated (	Opening: 12/1/24	
Mailing Addre	ss			
Business Phone	#: 608-738-8364	Ema	ail Address:	/In
Applicant Infor				
Applicant N	ame: Sophie	Marie Middle	Nancekivell	
Tit	le: Owner & General Manag	er Date	of Birth:	
Drivers Licens	se:			
Home Addres	s:			
Cell Phone	#:			

## **Supplemental Required Information**

Are you going to operate If <u>no</u> , who will operate i	e this business personally t?	? Yes: 📵	No:	)		
Operator Name:	Sophie	Marie		Nanceki	vell	
Home Addr	Floa			, , , , ,		
Date of Birt						
Are you going to have a	manager or assistant in th	nis business?	Yes: 📵	No:		
f manager is <u>not</u> the sa	me as the operator, pleas	e complete the follo	wing inform	ation:		
Manager Name:	Sophie	Marie	7	Nancekiv	ell	
Home Addre	reet		City		State	Zip
Date of Birth:	Pho	one #:		Email Address:		
Please list all other o	officers of the corpora	tion (Attach ano	ther sheet	if applicable.)		
Officer Name:		Stewart		Nanceki	vell	
	First	Middle				
Title:	Owner	Email				
Home Addres						
Date of Birth						
Officer Name:						
	First	Middle		Last	***************************************	
Title:		Email:				
Home Address:	Canada					
			City		State	Zip
Date of Birth:	Pho	one #:				
Officer Name:						
	First	Middle		Last		
Title:		Email:				
Home Address:	Street		City	-	State	ZIp
	Pho				Siele	Σip
	SWERS GIVEN OR MATER		ILL RESULT			

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.

Owners & General Manager 5/10/24