

20240000920



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Parking Lot \$400.00
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 0.00

Business Information

471 N Wabasha ST ST Paul

Business Address: 4410 Polaris Lane N Plymouth MN 55446
Street City State Zip

Company Name: J. M. Keefe Co Doing Business As: Keefe Co. Parking

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 01/07/1970 Date of Anticipated Opening: 05/23/2024

Mailing Address: [REDACTED]

Business Phone #: (651) 291-1981 Email Address: [REDACTED]

Applicant Information

Applicant Name: Donald Earle Keefe
First Middle Last

Title: President Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED]
City State Zip

Cell Phone #: [REDACTED] 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 #: _____ 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: _____
First Middle Last
 Home Address: _____
Street City State Zip
 Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: Donald Earle Keefe
First Middle Last
 Title: President Email: [Redacted]
 Home Address: [Redacted]
Street City State Zip
 Date of Birth: [Redacted] Phone #: [Redacted]

Officer Name: Kala Jean Keefe
First Middle Last
 Title: Treasurer Email: [Redacted]
 Home Address: [Redacted]
Street City State Zip
 Date of Birth: [Redacted] Phone #: [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] _____ President _____ 05/23/2024
Signature Title Date