



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](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.

Types of License(s) being applied for:

Fee(s):

- a. Parking Garage- Government N/A
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 0

#### Business Information

Business Address: 555 Wabasha St. N., Suite 400, St. Paul, MN 55102  
Street City State Zip

Company Name: Public Housing Agency of the City of St. Paul Doing Business As: Same

Company Type: NA  Corporation  Partnership  Sole Proprietorship

Date of Incorporation:  / / Anticipated Opening:  / /

Mailing Address: 555 Wabasha St. N., Suite 400, St. Paul, MN 55102  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Meghan Kisch  
First Middle Last

Title: Asst. City Attorney Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Supplemental Required Information **Not Applicable- Government Agency**

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 # \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

Officer Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

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.



Applicant Signature

Asst. City Attorney

Title

3/12/2020

Date