

20190000202



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Web Site at www.stpaul.gov/dsi

CLASS R LICENSE APPLICATION
LICENSES ARE NOT TRANSFERABLE
Payment must be received with Each Application
(This application is subject to review by the public)

Business Address (Street number/name, direction, etc.)	Name on Business Sign (DBA)	Date
310 7th Ave Newport, mn 55055	Absolute Towing & Recovery Inc	1-3-18

Types of License(s) being applied for: (Office Use Only)	Fees
Tow Truck Wrecker / Operator	362.00
3 Tow Truck / Wrecker Vehicles	228.00
Total	\$590.00

Licensee/Owner Name: Timothy Michael Heiman President **Birth Date:** 7/18/1980
(Responsible Party) First Middle Maiden Last Title

Have you used any other names? (list them here) _____

Home Address: 8423 Hennepin Ave, Cottage Grove, mn 55016 **Home Phone:** 651-239-5244
Street Number/Name City State Zip+4

Place of Birth: St Paul, mn **Driver's License #** V927239065213

Business Phone: 651-337-2149 **Fax:** 651-337-1023 **E-Mail:** Absolutetowmn@gmail.com

Company Name: Absolute Towing **Circle Type:** Corporation Partnership Sole Proprietorship

Address (if different from Business Address): _____
Street Number/Name City State Zip+4

Preferred Mailing Address: 310 7th Ave Newport, mn 55055

Anticipated Date of Opening: / /

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)
Absolute Towing 310 7th Ave 5 years



SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager if different from Applicant

Manager's Name: _____ Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ - _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: _____ Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ / _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: _____ Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ / _____
Street Number/Name City State Zip+4


Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

The following additional information is required for your application to be complete: *(check if received)*

- Zoning Worksheet + Floor plan & Site plan.
- Property Lease Agreement or Proof of Ownership

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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.


 Applicant Signature (Required)

President
 Title

1-3-18
 Date

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

Revised 10/16/20

E-1/30/19-Lab