

FEB 03 2021

3/4/21 OK L.A. (925)



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/ds

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 Ramp Private 355.00
- b. _____ 362.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 355.00

Business Information

Business Address: 2140 Grand Ave St. Paul MN 55105
Street City State Zip

Company Name: Grand Finn Alley Apts LLC Doing Business As: Grand Finn Alley APTS LLC

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Date of Incorporation: 1 15 2016 Anticipated Opening: 1 1

Mailing Address: _____
Street

Business Phone: 612-751-8781 Fax Number: N/A

Applicant Information

Applicant Name: Bradley R Nelson
First Middle Last

Title: owner/member Date of Birth: _____

Drivers License: _____ State

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: N/A

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 #:

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.

Member

Title

2/2/2021

Date