

Received

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NOV 12 2024

Class "N" License Application



SAINT PAUL SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

City of Saint Paul - DSI

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 Ramp and Garage (Private)	396.00
2.		
3.		
4.		
5.		
6.		
7.		

Total: \$ 396.00

Business Information

Business Address: 250 6th Street East Saint Paul MN 55101  
Street City State Zip

Company Name: Blgos- Cosmopolitan Master T Doing Business As: The Cosmopolitan

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 01/31/2024 Date of Anticipated Opening:

Mailing Address: 8325 Wayzata Boulevard Golden Valley MN 55426  
Street City State Zip

Business Phone #: (763) 367-7400 Email Address: [ssimmons@tblgos.com](mailto:ssimmons@tblgos.com)

Applicant Information

Applicant Name: Stephanie Kathleen Simmons  
First Middle Last

Title: Regional Manager Date of Birth:

Drivers License: State License # Email:

Home Address: State Zip

Cell Phone #: Alternate Phone #:

**Supplemental Required Information**

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?

Operator Name: on site Property Manager  
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: \_\_\_\_\_  
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

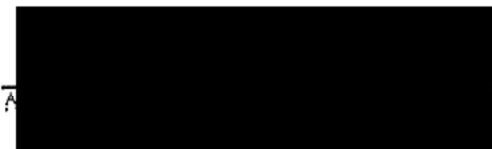
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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. 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.



Regional Manager  
Title

09/28/2024  
Date