



Renewal Invoice

CITY OF SAINT PAUL

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 PHONE: (651) 266-8989
 FAX: (651) 266-9124
 An Equal Opportunity Employer

February 10, 2014

FEB 18 2014

RECEIVED IN D.S.

SCOTT B KELLER
 1072 PLEASANT AVE
 ST PAUL MN 55102

HOME PHONE: 612-355-9124

763-301-2883

Invoice # : 887350

Invoice Due Date : 04/10/2014

Account Balance: \$43.00

Pay this Amount: \$43.00

Transaction Description	Transaction Total
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120001576 Taxicab Driver (Renew) Expires: 04/10/2014 @ 1072 PLEASANT AVE	43.00
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Requirements	Invoice Amount Due: \$43.00
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****This license is cancelled thirty (30) days after the expiration date. You may not drive a taxicab if your license has been cancelled.****

Please make any necessary changes to the above address and complete the following:

Date of Birth: 06/23/1965 Phone #: 763-301-2883

Driver's License #: 5099 189 083 118 Expiration Date: 06/23/1965

Name and Address of Cab Company you will be driving for:

Company Name: ST Paul Yellow cab

Company Address: 1463 Marshall Ave ST Paul, mn 55104

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS 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 authorize the Saint Paul Police Department to use the information I have provided to check criminal histories, arrest records, and warrant information; and for the police department to provide these records to the Department of Safety and Inspections to determine my eligibility for a taxicab driver license. I understand that the information contained in the criminal background investigation is confidential, except that it may be conveyed to other law enforcement or licensing agencies. I also hereby state that I have read and understand the rules and regulations set forth in Chapter 376.16 (Taxicab Driver's License of the Saint Paul Legislative Code).

Scott B Keller
 Signature (required)

Your Taxpayer Identification is on file. Thank you.

Please Give Us Your Email Address: Scott_Keller2000@yahoo.com

Please Return this invoice with your payment!

E-2/18/14-lab