2013 0003006



## DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fex: 651-266-9124

## EXOURT EIGENCE AT PERSANTO

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application (This application is subject to review by the public) (?

Y Islt our Medsite ht: WWW.stpaut.gov/asi	
Types of License(s) being applied for: (Office Use Only)	Fees
Prinking Lot	BY丁・空間
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Total	3 45 020 MM
Anticipated Date of Opening: 9 1 1 18013 Company Name: Shipard Parking  Business Name (DBA): Shipard Parking LLC Business Phone: 651/62	LLC
Business Name (DBA): Shepard Parking LLC Business Phone: 651/6	19-5800
Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 05/	15 2013
Business Address (business location): 1468 Daver St. St. Paul, MN 55  Street (#, Name, Type, Direction) City	
Street (#, Name, Type, Direction) City	State Zip 4
Mall To Address (if different than business address): 1999 Shepard Ro, St. Paul, A Street (#, Name, Type, Direction)  City	N 33 // C
	AND DESCRIPTION OF THE OWNER, THE PARTY OF THE OWNER, THE PARTY OF THE OWNER, THE PARTY OF THE OWNER, THE OWNE
Applicant Name and Title: Todd William Johnson Chief Maidella (Maiden) - Last	1151
Home Address:	Conde \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Street (#, Name, Type, Direction)	Zip + 4
Phone:Alternative Phone:mail:	unbruit of Car
Date of Birth: Place of Birth:	
Driver License: State of Issue: .	
Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES	NO A
Date of Arrest: Where?	
Charge:	
Conviction: Sentence:	
List licenses which you currently hold, formerly held, or may have an interest in:	mary
Have any of the above named licenses ever been revoked?YESNO If yes, list the dates and reason	as for revocation
Are you going to operate this business personally? YESNO If not, who will operate it?	
First Name Middle Initial (Maiden) Last Dan	e of Birth
Home Address: Street (#, Name, Type, Direction) City State Zin + 4 Phone No.	

Are you going to have a manager or assistant in this business? YES NO If the manager is not the same at the Operators, please complete the following information:    Copt		APPLICANT INFO	RMATION (Continued) : ve a manager or assistant in this h	ursiness? VF	es X NO	If the mans	oger is not the	eame agithe	
First Name Middle Initial (Maiden) Last Date of Birth   Home Address: Street (#, Name, Type, Direction) LHY, NOME LIFE   Thore Number   1978   Literasee Work History(lies name, address and phone number of all employers for the previous 3 year period) TO SO JONAUM AND SOUTH SOUTH   South				USIJICOS:	<u>.</u>	Ti the mand	iger is morsus	Same of the	PAGAPS PAGAPS
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Home Address: Street (#, Name, Type, Direction)   City   State   Zip + 4   Phone Number		Todd Johnson	- Chief Manager				·	1,1	
Home Address: Street (#, Name, Type, Direction)   City   State   Zip + 4   Phone Number	<b>)</b>	Scott Bulsans	· President				Ä Ä	, j	
Home Address: Street (#, Name, Type, Direction)   City   State   Zip + 4   Phone Number	Ì	Michael Joh	ASUN UP/Sec		•				
First Name  Middle Initial  Home Address: Street (#, Name, Type, Direction)  City  State  Zip + 4  Phone Number  First Name  Middle Initial  (Maiden)  Last  Date of Birth  Home Address: Street (#, Name, Type, Direction)  City  State  Zip + 4  Phone Number  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 bolief.  CONSENT TO BACKGROUND CHECK I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information, and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information agencies. This consent dxpires one year from the date below.  Applicant Signature (Required)  Chief Manger  Land Date  Land Date  Land Date  Land Date  Land Date and Inspections (DSI) to use the information agencies. This consent dxpires one year from the date below.  Applicant Signature (Required)  Chief Manger  Land Date  Date  Land Date  L	)	Kevin Lorger	ing Transer					•	
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