



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/dsi

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): 367.00
~~\$362.00~~

- a. Private Parking Garage (Ramp) _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 362.00

Business Information

Business Address: 370 Marshall Ave St Paul MN 55102
Street City State Zip

Company Name: The Aberdeen Condominium Association of St. Paul, Inc. Doing Business As: The Aberdeen Condominium Association

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 7 17 2004 Anticipated Opening: 1 1

Mailing Address: 8100 Old Cedar Ave S #300 Bloomington MN 55425
Street City State Zip

Business Phone: 612-238-2372 Fax Number: N/A

Applicant Information

Applicant Name: Jan William Holworth
First Middle Last

Title: Association Manager Date of Birth: 1 1

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City 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:

N/A

First Middle Last

Home Address:

Street City State Zip

Date of Birth:

City State Zip

Phone #: _____

Are you going to have a manager or assistant in this business?

Yes: X No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name:

First Middle Last Hoxworth

Home Address:

Street City State Zip

Date of Birth:

City State Zip

Phone: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name:

Mary Jo Harrington
First Middle Last

Title:

President Email: _____

Home Address:

Street City State Zip

Date of Birth:

City State Zip

Phone: _____

Officer Name:

Michael Willey
First Middle Last

Title:

Vice President Email: _____

Home Address:

Street City State Zip

Date of Birth:

City State Zip

Phone: _____

Officer Name:

Rita LaCasse
First Middle Last

Title:

Secretary Email: _____

Home Address:

Street City State Zip

Date of Birth:

City State Zip

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.

Applicant Signature

_____ Associate Manager _____

Title

Date

8/25/22