



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

*This application requires District Council notification prior to submission.*

**Types of License(s) being applied for:**

**Fee(s):**

1.	TNC License	\$41115
2.		
3.		
4.		
5.		
6.		
7.		

**Total:** \$ 41,115.00

#### Business Information

**Business Address:** 445 Minnesota Street, Suite 1500 St. Paul MN 55101  
Street City State Zip

**Company Name:** MOOV Enterprises LLC **Doing Business As:** \_\_\_\_\_

**Company Type:** Corporation  Partnership  Sole Proprietorship

**Date of Incorporation:** 03/04/2024 **Date of Anticipated Opening:** 04/08/2024

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Business Phone #:** (833) 600-0660 **Email Address:** info@themoovapp.com

#### Applicant Information

**Applicant Name:** Murid Amini  
First Middle Last

**Title:** Founder **Date of Birth:** \_\_\_\_\_

**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: \_\_\_\_\_  
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: Murid Amini  
First Middle Last  
Title: Founder Email: muridamini@gmail.com

Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

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.

 \_\_\_\_\_  
Applicant Signature  
Founder  
Title  
03/17/2024  
Date