

CLASS N CITY LICENSE APPLICATION THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL
Office of License, Inspections
and Environmental Protection
350 St. Peter Strees, Suite 300
Saint Paul, Minnesous (1937)
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AUG U 3 2010

LICENSES ARE NOT TRANSFERABLE PAYMENT MUST BE RECEIVED WITH EACH APPLICATION

Type of License(s) being applied for:	Lot		s 3/	7. —	
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		A ()	S		10.000000000000000000000000000000000000
Projected date of opening: Upon license issuance	ce - Previous	terego r	ed by Imp	perial for	City
Company Name: TransPark Incorporated		•	•		
Corporation / Partnership / Sole Proprietorsh	ıip .				
If business is incorporated, give date of incorporation: Jan	nuary 31, 2001				
Business Name(DBA): TransPark		В	usiness Phone(65	51) 227-690	⁰⁰ ×
Business Address (business location): 43 Water	- Street, St.	Payl, 1	MN		
Street (#, Name, Type, Direct	ction)	City	•	State	Zip+4
Between what cross streets is the business located? Wa	Ter i Diavi	Ley 1	Which side of the	street?N	<u>E </u>
Are the premises now occupied? What Type of			<u> </u>	,, ,, ,, ,, ,, ,, ,	
Mail To Address (if different than business address): PO 1			55102		
Street	(#. Name, Type, Direction)		City	State	Zip+4
Applicant Information:					
Name and Title: Stephen M. Meyer, President					Title
Home Address:	(Maide	en)	Last		Title
Street (#. Name, Type, Direction)		City		State	Zip+4
Date of Birth: Place of Birth:		F	Iome Phor		,
Driver License:	State of 1	lssu			
Have you ever been convicted of any felony, crime or viola	tion of any city ordin	ance other th	an traffic? YE:	S NO	<u> </u>
Date of arrest: Where?		· · · · · · · · · · · · · · · · · · ·			
Charge:					
Conviction:	Sentence:			200	<u>600011</u> 75
List licenses which you currently hold, formerly held, or m 20010002592, 20010005254, 20020003863,				,	60000949 04000071
Have any of the above named licenses ever been revoked?	YES X	NO If yes	, list the dates and	reasons for re	vocation:
Are you going to operate this business personally? X	YESN	O If not, who	will operate it?		
First Name Middle Initial (N	laiden)	Last		Date of Birt	h
			- 14	()	
Home Address: Street (#, Name, Type, Direction)	City	State	Zip+4	Phone Numbe	
Are you going to have a manager or assistant in this busine operator, please complete the following information:	ss? X YES		NO If the manag	er is not the sai	me as the
First Name Middle Initial	(Maiden)	Last		Date of B	irth
	V.A.V.				
Home Address: Street (#, Name, Type, Direction)	City	State	Zip+4	Phone Number	:I'

	nt		<u>Address</u>							
TransPark			See Page 1							
Allright Parki	.ng		81 South Street,	Minneapolis,	MN 554					
List all other officers	of the corporation:									
OFFICER NAME	TITLE (Office Held)	HOME ADDRESS	HOME PHONE	BUSINESS PHONE	Ľ					
Stephen Meyer	President	See Page 1								
		1-0.40		E PARTITION OF PAR						
			MASS							
If business is a partne	ership, please include	the following information								
		(197AIU	en)	Last	Da (
	, Name, Type, Direction)	Ci	ty State	Zip+4	Phone Nu					
First Name	Middle Initial	(Maide	n)	Last	Da					
I not range										
Home Address: Street (# MINNESOTA TAX I (Tax Clearance; Issua the Minnesota busines	DENTIFICATION N nce of Licenses), licer ss tax identification n	UMBER - Pursuant to the united are required the social sec	Laws of Minnesota, 198 ired to provide to the Sta urity number of each lic	ate of Minnesota Comments ense applicant.	Phone Nu e 8, Sectio missioner					
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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 state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

											5/4/2010					
	Signature (REQUIRED for all applications)												Date			
Preferre	ed methods	s of comr	nunicatio	n from	this office	(ple	ase rar	nk in c	order of	prefere	ence - "1"	' is mo	st pre	eferred):		
			ith area co		you have l	isted) 227- (Busine		Home	Extens	sion _ Cell	Fax	Pager	- \
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G - We will	E-Mail Address 2 - 8/10/10 - Lab We will accept payment by cash, check (made payable to City of Saint Paul) or credit card (MasterCard or Visa).															
**Note		is applica ew plans.		ood/Liq	uor related	i, ple	ase co	intact a	a City of	'Saint'	Paul Hea	ilth Ins	specto	or, Steve Olse	on (266-91	39), to
		ny substan building p		ges to st	ructure are	antic	cipated	1, plea	ise contai	ct a Cit	ty of Saint	t Paul F	Plan E	Examinerat 2	266-9007 tc) apply
			ny change 266-9008.		e parking l	ot, fl	ioor sp	ace, o	or for nev	v open	ations, pl	ease co	ontac	t a City of S	laint Paul 2	Coning
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