

20100003470



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
330 St. Peter Street, Suite 300
Saint Paul, Minnesota 55102
(651) 266-0000
Web: www.stpaul.gov

RECEIVED IN D.S.I.
AUG 03 2010

LICENSES ARE NOT TRANSFERABLE
PAYMENT MUST BE RECEIVED WITH EACH APPLICATION

Type of License(s) being applied for: Parking Lot \$ 317.-
\$ _____
\$ _____

Projected date of opening: upon license issuance - Previously operated by Imperial for City

Company Name: TransPark Incorporated
Corporation / Partnership / Sole Proprietorship

If business is incorporated, give date of incorporation: January 31, 2001

Business Name(DBA): TransPark Business Phone: (651) 227-6900 X

Business Address (business location): 43 Water Street, St. Paul, MN
Street (#, Name, Type, Direction) City State Zip+4

Between what cross streets is the business located? Water & Stanley Which side of the street? NE

Are the premises now occupied? no What Type of Business? _____

Mail To Address (if different than business address): PO Box 2207, St. Paul, MN 55102
Street (#, Name, Type, Direction) City State Zip+4

Applicant Information:

Name and Title: Stephen M. Meyer, President

Home Address: _____
Street (#, Name, Type, Direction) City State Zip+4

Date of Birth: _____ Place of Birth: _____ Home Phone: _____

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 X

Date of arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____ 20060001175

List licenses which you currently hold, formerly held, or may have an interest in: 20030001649, 20050001654, 20060000949, 20010002592, 20010005254, 20020003863, 20030002688, 20030002685, 20030004644, 20040000712

Have any of the above named licenses ever been revoked? _____ YES _____ X NO If yes, list the dates and reasons for revocation: _____

Are you going to operate this business personally? X YES _____ NO If not, who will operate it? _____

First Name Middle Initial (Maiden) Last Date of Birth

()

Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

Are you going to have a manager or assistant in this business? X YES _____ NO If the manager is not the same as the operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth

()

Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

Please list your employment history for the previous five (5) year period:

<u>Business/Employment</u>	<u>Address</u>
TransPark	See Page 1
Allright Parking	81 South Street, Minneapolis, MN 55402

List all other officers of the corporation:

OFFICER NAME	TITLE (Office Held)	HOME ADDRESS	HOME PHONE	BUSINESS PHONE	DATE OF BIRTH
Stephen Meyer	President	See Page 1			

~~1. Stephen Meyer, President, 15046, [redacted], [redacted], [redacted]~~
~~[redacted]~~

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
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				

MINNESOTA TAX IDENTIFICATION NUMBER - Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: 5432990

If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the box.

CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182
I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: Auto-Owners Insurance Company
Policy Number: 031706 08013087 Coverage from 7/11/ to 7/11/10

I have no employees covered under workers' compensation insurance _____ (INITIALS)

