



**LICENSE APPLICATION REQUIREMENTS**  
THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC

CITY OF SAINT PAUL  
Department of Safety  
and Inspections  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806  
(651) 266-8989 fax (651) 266-9124

**LICENSE APPLICATION REQUIREMENTS for** Auto Body Repair/Painting Shop **\$462.00**

*Note: Additional licenses, permits, and/or inspections (not listed) may be required depending on your mode(s) of business operation and business location.*

**ITEMS #1-6 AND THE APPLICABLE FEE MUST BE SUBMITTED for an application to be deemed complete:**

1. The following completed application forms:
  - **Class N License Application**
  - **Personal Affidavit form** (NOTE: all owners/partners/corporate officers and/or managers associated with the operation of the business must be listed on the license and complete this application form).
  - **Certificate of Compliance Minnesota Workers Compensation Law**
  - **Zoning Summary Sheet** (see item #6 for additional required supportive documentation)
  - **Contains Nonpublic Data** (MN sales tax ID #, Social Security #, or Federal Tax ID #; and credit card payment information (if paying by credit card))
2. If incorporated or partnership, provide:
  - A copy of your company's Certificate of Incorporation from the Minnesota Secretary of State (SOS), or proof of current registration with the SOS, demonstrating you have legal authorization to operate within Minnesota **AND one of the following:**
    - A signed statement listing the owners of the corporation (including the percentage of ownership held by each individual) **OR;**
    - Minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into business involving the sale and service of liquor (the first corporate meeting minutes should include the distribution / allocation of corporate shares).
3. Submit a **cover letter / business plan** explaining your desire and intent for obtaining / operating the proposed business. Your business plan should include information such as the following: hours of operation, state example(s) of the type of work you will perform, include if you will/will not perform any engine repair work, etc.
4. Submit a copy of your **executed (signed) business purchase agreement**.
5. Submit a **copy of a signed lease or purchase-agreement/proof-of-ownership for the property**. Please note, if your proposed use of the property is not specified within the lease, you must also submit a letter signed by the property owner (or their designated representative) allowing this type of use.
6. Supporting documents such as a **floor plan and site plan** are required with submission of the Zoning Summary Sheet. A change in ownership of an existing location does not exempt you from this requirement. Your site plan and floor plan should include information such as, but not necessarily limited to the following:
  - **Site Plan** – drawn to scale; dimensioned; showing all property lines, building location(s), any entry door(s) to the building, any garage bay door(s) to the building, driveway egress points, each individual parking space, clearly label which parking space(s) are allocated to each of the businesses operating at this location; etc.
  - **Floor Plan** – drawn to scale, dimensioned, showing all levels of the building, the number of service bays, customer waiting area, stating the square footages for each separate space, and the proposed and/or existing use(s) for each space, etc.

**REQUIRED INSPECTIONS / PUBLIC NOTIFICATION REVIEW PROCESS:**

7. Upon receiving and processing the complete license application (approximately 1-2 weeks processing time), DSI will send out notification letters to your neighbors (within 300 feet), concerned constituents, block club / district councils, and city council, informing them of your application request and giving them 30 days to respond to your application.

If no objections are received, your application would be forwarded to the City Council for review and could be issued upon approval by the Council (pending any other requirements not completely met).

If objections are received, a hearing will be scheduled before a legislative hearing officer. All interested persons will receive notice of the time, place and date of the scheduled hearing from the Legislative Hearing Officer. At that hearing, the hearing officer will take testimony from all interested persons and will make a recommendation to the City Council as to whether the license(s) should be approved, approved with conditions or be referred to an administrative law judge for further review. The City Council will have the final authority to grant or deny the license application.

8. It is recommended you contact the district council representing this area. The district council representing this area can be found on the City of Saint Paul website ([www.ci.stpaul.mn.us](http://www.ci.stpaul.mn.us)) by searching for “district council”, or you may contact a licensing project facilitator at 651-266-8989 for assistance.
9. This application will be administratively reviewed by DSI Licensing, Zoning, and Fire Inspection staff. This review may include on-site inspection(s) of the site to verify compliance with applicable regulations. You will be informed of any required inspection(s), including the name and telephone number of the inspector, after the submission of a completed license application. *The location must be in compliance with all applicable regulations and/or license conditions before any license may be issued.*
10. License conditions including, but not necessarily limited to the following could be placed on your business license (some conditions may be updated and other conditions may be added prior to license approval):
  1. All customer and employee vehicles must be parked in accordance with the approved site plan on file with the Department of Safety and Inspections (DSI) dated \_\_\_\_\_.
  2. The parking lot shall be striped in accordance with the approved site plan on file with DSI dated \_\_\_\_\_. A maximum of \_\_\_\_\_ vehicles may be parked on the property at any time
  3. There shall be no exterior storage of vehicle parts, tires, oil or any other similar materials associated with the business. Trash will be stored in a covered dumpster. Storage of vehicle fluids, batteries, etc. shall be in accordance with the Ramsey County Hazardous Waste regulations.
  4. At no time shall customer and/or employee vehicles be parked in the driveway or in the public right-of-way (e.g., street, alley, sidewalk, boulevard, etc.). This includes, but is not limited to vehicles awaiting repair, and/or that have been repaired and are awaiting pick-up by the owner of the vehicle.
  5. The storage of vehicles for the purpose of salvaging parts is expressly forbidden. All vehicles parked outdoors must appear to be completely assembled with no major body parts missing. Vehicle salvage is not permitted.
  6. No repair of vehicles may occur on the exterior of the lot or in the public right-of-way. All repair work must occur within an enclosed building.
  7. Customer and/or employee vehicles may not be parked longer than ten (10) days on the premises. It shall be the responsibility of the licensee to ensure that any vehicle not claimed by its owner is removed from the lot as permitted by law.
  8. Vehicle sales is not permitted.
  9. Provide maneuvering space on the property to allow vehicles entering and exiting the site to proceed forward. Backing from the street or on to the street is prohibited.
  10. Licensee must comply with all federal, state and local laws.

#### ADDITIONAL GOVERNMENTAL AGENCY REVIEWS

11. A Hazardous Waste Generators License must be obtained from Ramsey County Environmental Health Section. For information on how to obtain this license, you contact them at 651-266-1199 or go to the following website [http://www.co.ramsey.mn.us/ph/hw/HW\\_licensing.htm](http://www.co.ramsey.mn.us/ph/hw/HW_licensing.htm)

If you have any questions about the license application procedure, please contact a DSI licensing project facilitator at 651-266-8989.



**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](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.

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

**Fee(s):**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

**Total:** \$            -

#### Business Information

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

**Company Name:** \_\_\_\_\_ **Doing Business As:** \_\_\_\_\_

**Company Type:** Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

**Date of Incorporation:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Anticipated Opening:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Business Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

#### Applicant Information

**Applicant Name:** \_\_\_\_\_  
First Middle Last

**Title:** \_\_\_\_\_ **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 #: \_\_\_\_\_

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: \_\_\_\_\_

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

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: \_\_\_\_\_

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.

\_\_\_\_\_  
Applicant Signature Title Date



Personal Affidavit

Personal Information:

Full Name: (First) (Middle) (Last)
Previous Name(s): (include maiden name, also known as (AKA's), "aliases".)
Current Address: (Number & Street) (City) (State) (Zip)
Home Phone: Cell Phone:
Date of Birth: (MM/DD/YYYY) Drivers License: State: License Number

Work History:

Table with 3 columns: Company, Title, Dates Employed. Includes a '(Past 5 years)' label.

Previous Addresses:

Table with 4 columns: (Number & Street), (City), (State), (Zip). Includes a '(Past 5 years)' label.

Criminal History:

Table with 3 columns: Date, State, Conviction(s).

Ownership:

(Check all that apply:)
Sole Owner, Partner, Officer, Member (LLC Only), Other - Specify
General Partner, Director, Financier/Lender, Stockholder \_\_\_%

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.

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 contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature: Date:

Subscribed and affirmed before me in the county of, State of
this day of, 20.

Notary Signature

Commission Expiration



**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](http://www.stpaul.gov/dsi)

License Number: \_\_\_\_\_

### Zoning Addendum

An applicant must provide details related to the physical layout of the business for which a license is being requested. Please complete the following document and attach supporting documents.

**\*Zoning approval will not be granted for this license request without this information.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Type: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please answer the following questions (if business is located in St. Paul proper):

- a. What is the gross floor area for this business?
- b. What was the previous use of this space?
- c. How many off-street parking spaces are provided for this business only?
- d. Is the parking leased or owned?
- e. How many different uses are in the building?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i. What are these uses? What is the gross floor area for each?

a. Use: \_\_\_\_\_ Area: \_\_\_\_\_

b. Use: \_\_\_\_\_ Area: \_\_\_\_\_

c. Use: \_\_\_\_\_ Area: \_\_\_\_\_

ii. Are there any bar/restaurants in the building operating after midnight?

Yes  No

If Yes, Please list them:

\_\_\_\_\_

\_\_\_\_\_

f. Do you own the property or are you leasing it?

Answer these questions if you are applying for a restaurant license:

- a. Do you intend to have a drive-thru window?
- b. Will you have a permanent menu board?
- c. Do you intend to serve liquor?
- d. Is this a restaurant associated with a Chain or Franchised business?
- e. Will customers pay for their food before consuming it?
- f. Is a self-service condiment bar proposed?
- g. Are trash receptacles provided for self-service bussing?
- h. Will there be hard finished, stationary seating?
- i. Are your main course food items...

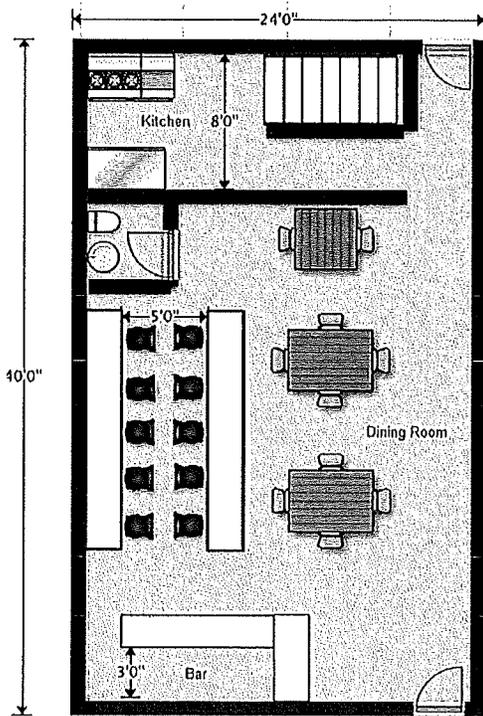
Yes  No

Pre Packaged  To Order

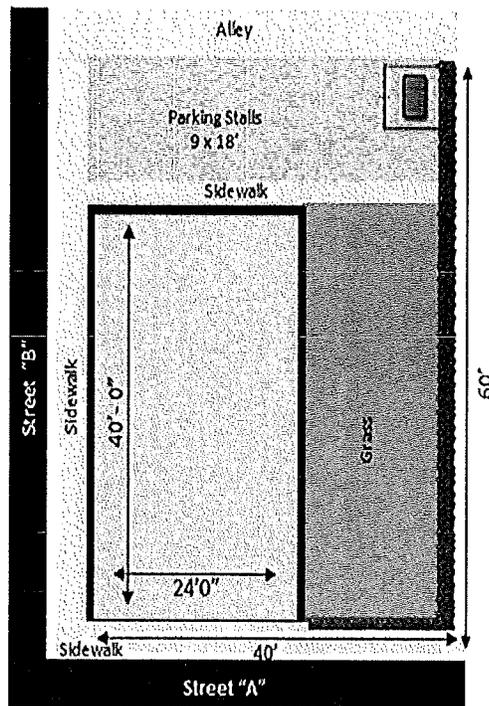
Please attach the following documents:

- a. Floor Plan Pertaining to License Area (Please see examples below)
  - i. Drawn to scale
  - ii. Showing dimensions
  - iii. Furniture
  - iv. All spaces/rooms labeled for use including Ingress & Egress
  - v. Showing placement of all equipment (ex. Kitchen equipment, work tables, entertainment devices)
  
- b. Site Plan Pertaining to Licenses Property (Please see example below)
  - i. Drawn to scale
  - ii. Showing dimensions
  - iii. Showing all property lines
  - iv. Showing the parking lot
  - v. Label all rooms/spaces

Floor Plan



Site Plan



Employee Sign Off \_\_\_\_\_

Date \_\_\_\_\_



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Please Type or Print In Ink

Licensee's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a Minnesota Tax Identification Number, a Federal Tax Identification Number (FEIN), or a Social Security Number (SSN).

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and 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. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: \_\_\_\_\_ Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

Form with checkboxes for American Express, Discover, MasterCard, Visa, and fields for Expiration Month/Year, Security Code, and Enter Account Number.

Signature of Cardholder (required for all charges): \_\_\_\_\_

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124. If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications)

Date

## Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

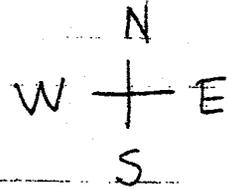
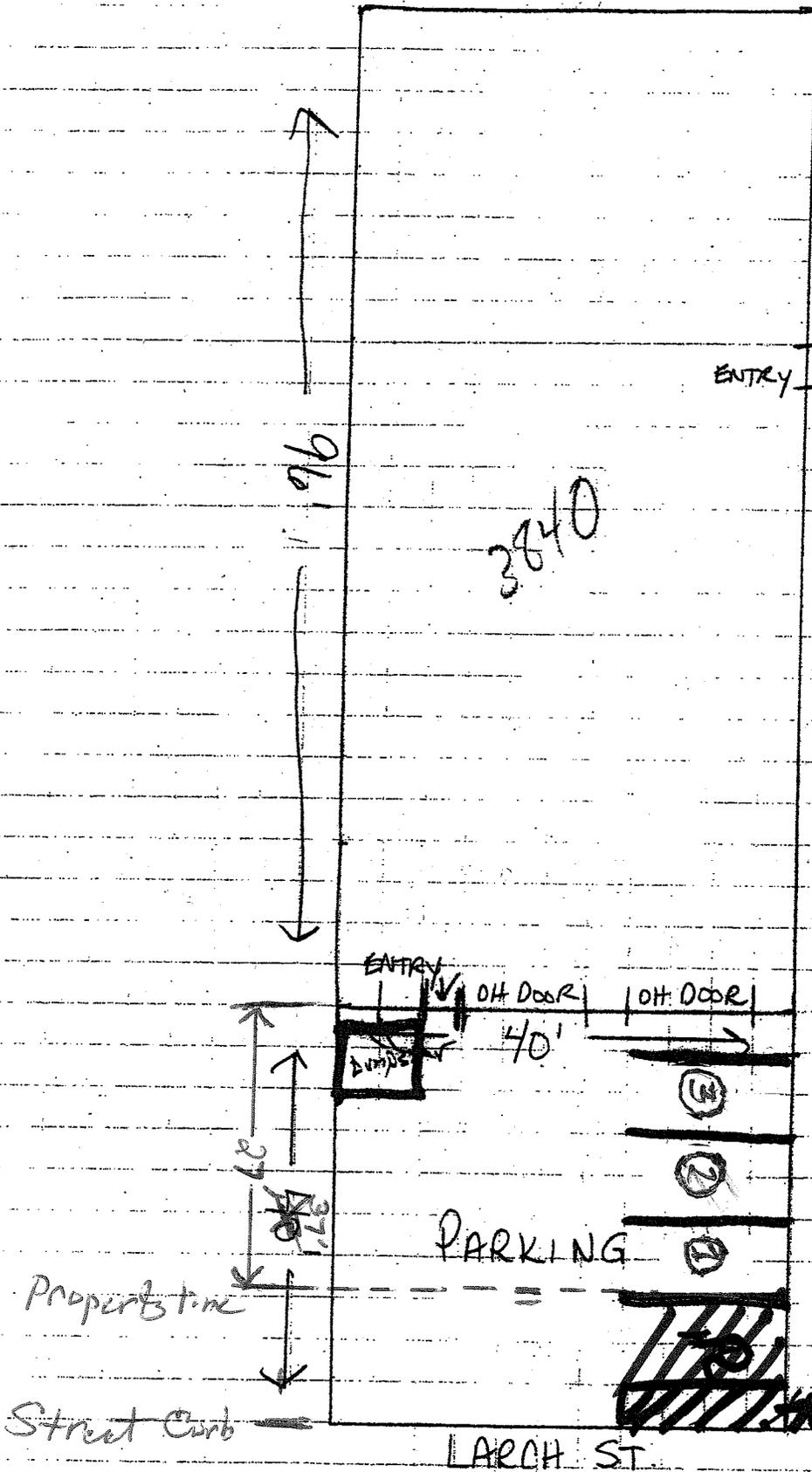
- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other:..

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



**SITE PLAN APPROVED**  
**OFFICE OF LIEP**  
**CITY OF ST. PAUL**

By [Signature] Date 2/19/07  
 File # [Redacted]  
 Any alterations from this plan must be approved by the Zoning Administrator.

SCALE  
 1/50 = 4 FT.

353 LARCH ST.  
 ST. PAUL, MN 55117

FLOOR PLAN  
 SITE PLAN

11/2/11

**From:** [Fischbach, Jeffrey \(CI-StPaul\)](#)  
**To:** [Diatta, YaYa \(CI-StPaul\)](#); [Zimny, Joanna \(CI-StPaul\)](#)  
**Cc:** [Vang, Mai \(CI-StPaul\)](#); [Voyda, Joseph \(CI-StPaul\)](#); [Imbertson, Mitchell \(CI-StPaul\)](#); [Muhammad, Akbar \(CI-StPaul\)](#); [Hudak, Eric \(CI-StPaul\)](#)  
**Subject:** 353 Larch St  
**Date:** Thursday, February 18, 2021 1:20:40 PM  
**Attachments:** [Larch0353\\_Aprvd\\_Prknq\\_Plan\\_2007-04-09.pdf](#)  
[20210218132344034.pdf](#)  
[image002.png](#)  
[image004.png](#)

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Hello Joanna,

There's currently no active City license issued for this location. The Auto Body Repair/Painting Shop license that was previously issued expired on 11/01/2020 and is currently in a delinquent status. DSI Inspector Akbar Muhammad is following-up on the delinquent license.

Attached is the approved Zoning parking plan associated with the expired license and the conditions were placed on the expired license for this location:

1. No more than three (3) vehicles may be parked outdoors on the site for customer and employee use, and all vehicles on the site must be parked as shown on the approved site plan on file in LIEP, dated 04/09/07. (Any changes to the site plan must be approved by the Zoning Administrator)
2. Customer and employee vehicles shall not be parked or stored on the street or right-of-way. This includes cars which are awaiting repair and/or have been repaired and are awaiting pick-up by their owners.
3. There shall be no exterior storage of vehicle parts, tires, oil or any other similar materials associated with the business. Trash must be stored in a covered dumpster, and the dumpster shall be located as shown on the approved site plan on file in LIEP, dated 04/09/07 (Any changes to the site plan must be approved by the Zoning Administrator).
4. The license holder agrees to maintain the fencing, vehicle location and vehicle barriers in a manner consistent with the approved site plan.
5. All vehicles parked outdoors must appear to be completely assembled with no major body parts missing.
6. Vehicle salvage is not permitted.
7. Auto repair and auto sales are not permitted.
8. No auto body repair of vehicles may occur on the exterior of the lot or in the public right-of-way. All repair work must occur within an enclosed building.
9. Customer vehicles may not be parked longer than 10 days on the premises. It shall be the responsibility of the licensee to ensure that any vehicle not claimed by its owner is removed from the lot as permitted by law.
10. Provide maneuvering space on the property to allow vehicles entering and exiting the site to proceed forward as stipulated on the approved site plan.
11. Licensee must comply with all federal, state, and local laws.
12. Storage of vehicle fluids, batteries, etc. shall be in accordance with Ramsey County Hazardous Waste Regulations.
13. Failure to remain in compliance with these conditions will result in adverse action against the license.
14. The licensee shall take action to control the soil erosion taking place on the southwest corner of the property by June 30, 2007.

If there's a new owner/operator at this location they would need to obtain a new license prior to beginning operations here. Attached is a handout explaining the application submission/review process, and application forms referenced in the handout to make application for the same license type as previously issued (NOTE – license conditions referenced in this handout are generic and the conditions of a previous license would typically carry-forward to a new license).

Jeff

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**From:** Diatta, YaYa (CI-StPaul) <yaya.diatta@ci.stpaul.mn.us>  
**Sent:** Thursday, February 18, 2021 12:05 PM  
**To:** Zimny, Joanna (CI-StPaul) <joanna.zimny@ci.stpaul.mn.us>  
**Cc:** Vang, Mai (CI-StPaul) <mai.vang@ci.stpaul.mn.us>; Fischbach, Jeffrey (CI-StPaul) <jeffrey.fischbach@ci.stpaul.mn.us>; Voyda, Joseph (CI-StPaul) <joseph.voyda@ci.stpaul.mn.us>  
**Subject:** RE: 353 Larch

Greetings Joanna,

I am in the zoning division, so I am not familiar with licensing requirements on this property. I have copied both Jeff Fischbach and Joe Voyda, both in Licensing to respond to your request.

Thank you



**Yaya Diatta**  
Zoning Administrator/Manager  
Department of Safety and Inspections  
375 Jackson Street Suite 220  
Saint Paul, MN 55102  
Office:651-266-9081 | C: 651-248-9002  
[Yaya.Diatta@ci.stpaul.mn.us](mailto:Yaya.Diatta@ci.stpaul.mn.us)  
[www.StPaul.gov](http://www.StPaul.gov)

**“Everyone can rise above their circumstances and achieve success if they are dedicated to and passionate about what they do”. Nelson Mandela, aka Madiba**

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**From:** Zimny, Joanna (CI-StPaul) <[joanna.zimny@ci.stpaul.mn.us](mailto:joanna.zimny@ci.stpaul.mn.us)>  
**Sent:** Wednesday, February 17, 2021 2:55 PM  
**To:** Diatta, YaYa (CI-StPaul) <[yaya.diatta@ci.stpaul.mn.us](mailto:yaya.diatta@ci.stpaul.mn.us)>  
**Cc:** Vang, Mai (CI-StPaul) <[mai.vang@ci.stpaul.mn.us](mailto:mai.vang@ci.stpaul.mn.us)>  
**Subject:** 353 Larch

Good afternoon Yaya,

353 Larch Street has a repurchase application in with the County, which is recommended conditioned upon applicant complying with City licensing requirements. Ms. Moermond would like a copy of those licensing requirements to add to the public record.

Could you please send that to me, or forward this email to appropriate staff for follow up?

Thank you so much. This goes before City Council Feb 24 so prompt attention is appreciated.

Joanna



**Joanna Zimny**  
Legislative Hearing Executive Assistant  
Legislative Hearing Office  
Pronouns: she/her/hers  
Saint Paul City Hall  
Suite 310  
15 W. Kellogg Blvd.  
Saint Paul, MN 55102  
P: 612-266-8515  
[joanna.zimny@ci.stpaul.mn.us](mailto:joanna.zimny@ci.stpaul.mn.us)

[www.StPaul.gov](http://www.StPaul.gov)

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