

240000355



**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. | Parking Garage Ramp Class N License | 396.00 |
| 2. |                                     |        |
| 3. |                                     |        |
| 4. |                                     |        |
| 5. |                                     |        |
| 6. |                                     |        |
| 7. |                                     |        |

**Total:** \$ 396.00

### Business Information

Business Address: 470 Lexington Parkway South St. Paul MN 55105  
Street City State Zip

Company Name: 1000 James Apartments LLC Doing Business As: Juliette Apartments

Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: 08/19/2021 Date of Anticipated Opening: 07/21/2023

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

Business Phone #: [REDACTED] Email Address: management@yellowtreecc

### Applicant Information

Applicant Name: Bryan Walters  
First Middle Last

Title: Owner/Manager

Date of Birth: [REDACTED]

Drivers License: [REDACTED]  
State License #

Email: [REDACTED]

Home Address: [REDACTED]  
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

## Supplemental Required Information

Are you going to operate this business personally?

Yes: ☐

No: ☒

If no, who will operate it?

Operator Name: Yellow Tree Property Management

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: Yellow Tree Property Management

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:

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. 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

Owner/Manager

Title

02/27/2024

Date