

Received

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**SAINT PAUL**  
SAFETY & INSPECTIONS

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

City of Saint Paul - 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 Lot License | 405.00 |
| 2. |                     |        |
| 3. |                     |        |
| 4. |                     |        |
| 5. |                     |        |
| 6. |                     |        |
| 7. |                     |        |

**Total:** \$ 405.00

### Business Information

Business Address: 120 South 6th Street Suite 2005 Minneapolis MN 55402  
Street City State Zip

Company Name: Interstate Parking Doing Business As: Interstate Parking

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 06/01/2010 Date of Anticipated Opening: 03/01/2025

Mailing Address: 120 south 6th Street Suite 2005 Minneapolis MN 55449  
Street City State Zip

Business Phone #: (612) 375-1301 Email Address: cchappuis@interstateparking.com

### Applicant Information

Applicant Name: Crystal Marie Chappuis  
First Middle Last

Title: Senior Operations Manager Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: cchappuis@interstateparking.com  
State License #

Home Address: [REDACTED]  
Street City State Zip

Cell Phone #: [REDACTED] 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: Paul Conrad Schnettler  
First Middle Last  
Title: COO Email: pschnettler@interstateparking.com  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_

Officer Name: Douglas Gene Hoskins  
First Middle Last  
Title: CFO Email: dhoskins@interstateparking.com  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: Anthony Vernon Janowiec  
First Middle Last  
Title: CEO Email: tjanowiec@interstateparking.com  
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.



Senior OPS Manager  
Title

02/10/2025  
Date