

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
350 St. Peter Street, Suite 300
Saint Paul, Minnesota 55102
(651) 266-9999
Web: www.spspn.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 & Starkey 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
First Middle (Maiden) Last Title

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: 20050001649, 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Have any of the above named licenses ever been revoked?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			

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)

**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.

Signature (REQUIRED for all applications) 5/4/2010
Date

Preferred methods of communication from this office (please rank in order of preference - "1" is most preferred):

- 1 Phone Number with area code: () (651) 227-6900 Extension _____
(Circle the type of phone number you have listed above: Business Home Cell Fax Pager)
- 3 Phone Number with area code: () (651) 227-2590 Extension _____
(Circle the type of phone number you have listed above: Business Home Cell Fax Pager)
- 2 Mail: PO Box 2207, St. Paul, MN 55102
Street (#, Name, Type, Direction) City State Zip+4
- 4 Internet: SMeyer1960@AOL.com
E-Mail Address

8-8/10/10 - Lab

We will accept payment by cash, check (made payable to City of Saint Paul) or credit card (MasterCard or Visa).

****Note:** If this application is Food/Liquor related, please contact a City of Saint Paul Health Inspector, Steve Olson (266-9139), to review plans.

If any substantial changes to structure are anticipated, please contact a City of Saint Paul Plan Examiner at 266-9007 to apply for building permits.

If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at 266-9008.

All applications require the following documents. Please attach these documents when submitting your application:

- A detailed description of the design, location and square footage of the premises to be licensed (site plan).
The following data should be on the site plan (preferably on an 8 1/2" x 11" or 8 1/4" x 14" paper):
 - Name, address, and phone number.
 - The scale should be stated such as 1" = 20'. ^N should be indicated toward the top.
 - Placement of all pertinent features of the interior of the licensed facility such as seating areas, kitchens, offices, repair area, parking, rest rooms, etc.
 - If a request is for an addition or expansion of the licensed facility, indicate both the current area and the proposed expansion.
- A copy of your lease agreement or proof of ownership of the property.

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:



- American Express Discover MasterCard Visa

EXPIRATION DATE: ACCOUNT NUMBER:

□□/□□ □□□□ □□□□ □□□□ □□□□

Name of Cardholder (please print)

Signature of Card Holder(required for all charges)

Date