

20140001287



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Web Site at www.stpaul.gov/dsi

CLASS R LICENSE APPLICATION
LICENSES ARE NOT TRANSFERRABLE
Payment must be received with Each Application
(This application is subject to review by the public)

Business Address (Street number/name, direction, etc.)	Name on Business Sign (DBA)	Date
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Types of License(s) being applied for: (Office Use Only)		Fees
Tow Truck/Wrecker Operator		86.00
2 Tow Truck Vehicles		144.00
Provided to 9/21/14 to expire with ins.		
Total		\$ 230.00

Licensee/Owner Name: Timothy Michael Helbman Birth Date: 7/18/1980
(Responsible Party) First Middle Maiden Last Title

Have you used any other names? (list them here) _____
 Home Address: 1870 Quarry Ave S. Lakeland, MN 55043 Home Phone: 651-239-5244
Street Number/Name City State Zip+4

Place of Birth: St Paul, MN Driver's License # V922239065213

Business Phone: _____ Fax: _____ E-Mail: THTOWED@yahoo.com
 Company Name: Absolute Towing & Recovery Inc Circle Type: Corporation Partnership Sole Proprietorship

Address (if different from Business Address): 7500 Hudson Blvd N Suite 300 Oakdale MN 55128
Street Number/Name City State Zip+4

Preferred Mailing Address: _____

Anticipated Date of Opening: 3/1/2014

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)
Frankie's Towing 5615 Hwy 169 Plymouth, MN 763-595-0321
Auto Rescue Inc 3164 Ryan Ln Little Canada, MN 651-777-7072
Ford Motor Co 966 Mississippi River Blvd, St Paul, MN 651-699-1321

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager If different from Applicant

Manager's Name: Timothy Michael Heldman President Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: 1870 Quarry Ave. Lakeland, MN 55043 Home Phone: 651 / 239-5244
Street Number/Name City State Zip+4

Birth Date: 7/18/1980 Place of Birth: St Paul, MN Driver's License # V922239065213

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: Mary Beth Ann Heldman Partner Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: 1870 Quarry Ave. Lakeland, MN 55043 Home Phone: 651 / 500 / 4837
Street Number/Name City State Zip+4

Birth Date: 4/28/1987 Place of Birth: Woodbury, MN Driver's License # V262241881210
Melrose, MN

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: _____ Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ / _____
Street Number/Name City State Zip+4

Birth Date: _____ / _____ / _____ Place of Birth: _____ Driver's License # _____

The following additional information is required for your application to be complete: (check if received)

- Zoning Worksheet + Floor plan & Site plan.
- Property Lease Agreement or Proof of Ownership

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 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]
 Applicant Signature (Required)

President
 Title

5-8-14
 Date

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

Revised 10/16/2013

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