Received

APR 04 2024

City of Saint Paul - DSI

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SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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. Transportation Network Companies (TNC) License — 41115
2.
3.
4.
5.
6.
7.

Total: $ 41,115.00

Business Information

Business Address: 413 Wacouta Street, Ste 540 (Street) St. Paul (City) MN (State) 55101 (Zip)

Company Name: Wheels, LLC **Doing Business As:** MyWeels

Company Type: Corporation ○ Partnership ◉ Sole Proprietorship ○

Date of Incorporation: 03/04/2024 **Date of Anticipated Opening:** 06/01/2024

Mailing Address: 413 Wacouta Street, Ste 540 (Street) St. Paul (City) MN (State) 55101 (Zip)

Business Phone #: (612) 465-0264 **Email Address:** [redacted]

Applicant Information

Applicant Name: Elam (First) Baer (Last)

Title: President and CEO **Date of Birth** [redacted]

Drivers License: [redacted] (State License #) **Email:** [redacted]

Home Address: [redacted]

Cell Phone #: [redacted]

(Continued on back)

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: Baer (First) Elam (Last)
Title: President, Secretary, Treas **Email:** [redacted]
Home Address: [redacted]
Date of Birth:

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 [redacted] business will operate.

[redacted] President and CEO (Title) 4/[illegible]/24 (Date)