

JAN 27 2025

250000142

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



City of Saint Paul - DSI
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--------------------------------|----------|
| 1. | Transportation Network Company | 41115.00 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ 41,115.00

Business Information

Business Address: 413 Stuart Circle, Ste 100 Richmond VA 23220
Street City State Zip

Company Name: 360 Care LLC Doing Business As: UZURV

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 09/14/2017 Date of Anticipated Opening: 06/01/2025

Mailing Address: 445 Minnesota St, Ste 1556 St. Paul MN 55101
Street City State Zip

Business Phone #: (804) 621-7016 Email Address: compliance@uzurv.com

Applicant Information

Applicant Name: Patricia Fitzpatrick Donlon
First Middle Last

Title: VP Business Affairs

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?
If no, who will operate it?

Yes: ☒ No: ☐

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: _____
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

VP Business Affairs

Title

1-23-2025

Date