

DSIBLTRANB-000152-2075



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.

9/15/25 paid
SOLAR

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--------------------------------|----------|
| 1. | Transportation Network Company | \$41,115 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$41,115

Business Information

Business Address: 360 E. 2nd Street, Suite 200 Los Angeles CA 90012
Street City State Zip

Company Name: HopSkipDrive Technologies LLC **Doing Business As:** _____

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 5/6/2025 **Date of Anticipated Opening:** 08/01/2025

Mailing Address: [REDACTED] Los Angeles CA 90012
City State Zip

Business Phone #: [REDACTED] **Email Address:** [REDACTED]

Applicant Information

Applicant Name: Joanna McFarland
First Middle Last

Title: CEO **Date of Birth:** [REDACTED]

Drivers License: [REDACTED] **Email:** [REDACTED]
State License #

Home Address: [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] **Alternate Phone #:** [REDACTED]

Supplemental Required Information

Are you going to operate this business personally?

Yes: ☒

No: ☐

If no, who will operate it?

Operator Name: Joanna

McFarland

Home Address:

Date of Birth:

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: Joanna

McFarland

First

Middle

Last

Home Address:

Date of Birth:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: n/a

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.

CEO

Title

08/01/2025

Date