

20240000750



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. <u>Parking Garage Ramp</u>	<u>405.00</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Total: **\$ 405.00**

Business Information

Business Address: 379 375 Cedar Street St. Paul MN 55101
Street City State Zip

Company Name: Cedar Street Parking Partners Doing Business As: _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 03/22/2024 Date of Anticipated Opening: 05/15/2024

Mailing Address: 120 S 6th St, Suite 2005 Minneapolis MN 55402
Street City State Zip

Business Phone #: (612) 375-1301 Email Address:

Applicant Information

Applicant Name: Paul Conrad Schnettler
First Middle Last

Title: Owner Date of Birth:

Drivers License:

Home Address:

Cell Phone #:

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: Interstate Parking

Home Address: [Redacted]

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: Paul Conrad Schnettler
First Middle Last

Home Address: [Redacted]

Date of Birth: [Redacted]

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

Officer Name: Douglas Gene Hoskin
First Middle Last

Title: Owner Email: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

Officer Name: Anthony Marvin Janowicz
First Middle Last

Title: Owner Email: [Redacted]

Home Address: [Redacted]

Date of Birth: [Redacted]

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.

[Redacted Signature] _____
Title _____ Date _____