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DSI

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 Website at: 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}

Types of License(s) being applied for: (Office Use Only)	Fees
RECYCLING PROCESSING CENTER	816 00
Total	

Anticipated Date of Opening: ___/___/___ Open/applied for License when informed we need to.

Company Name: Pallet Removal (Circle: Corporation Partnership (Sole Proprietorship)

If business is incorporated, give date of incorporation: ___

Business Name (DBA): Pallet Removal Business Phone: (612) 998-9454 Cell

Business Address (business location): 1607 W. Breda Ave. St Paul MN 55108-5117
Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Snelling & Winston Which side of the street? North

Mail To Address (if different than business address): ___
Mail to John Crowson Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:
Name and Title: John Howard Crowson Sole Proprietor
First Last Title

Home Address: ___
(#, Name, type, Direction) City State Zip + 4

Date of Birth: ___ Place of Birth: ___ Home Phone ___

Driver License: ___ State of Issue: ___

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES ___ NO X

Date of Arrest: ___ Where? ___

Charge: ___

Conviction: ___ Sentence: ___

List licenses which you currently hold, formerly held, or may have an interest in: ___

Have any of the above named licenses ever been revoked? ___ YES ___ NO If yes, list the dates and reasons for revocation:

Are you going to operate this business personally? X YES ___ NO If not, who will operate it?

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 ( ) Phone Number

Revised 06/29/2010

APPLICANT INFORMATION (Continued) :
Are you going to have a manager or assistant in this business? X YES ____NO If the manager is not the same as the Operator, please complete the following information:

First Name	Middle Initial	(Maiden)	Last	Date of Birth
Roxanne	G	VanOverbeke	Crowson	

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History *(list name, address and phone number of all employers for the previous 5 year period)*
None self employed

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
N/A					

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
N/A				

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 ( ) Phone Number

First Name	Middle Initial	(Maiden)	Last	Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 ( ) Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER
Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: 1919938

☒ If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS 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.

John Rusin — 7/2/12

Signature (REQUIRED for all applications) — **Date**

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – "1" is most preferred):

1 Phone Number with area code: (612) 998 9454 John Extension _____
Check the type of Phone Number listed above: ☐ Business ☐ Home ☒ Cell ☐ Fax ☐ Pager

2 Phone Number with area code: (612) 363-1292 Roxanne Extension _____
Check the type of Phone Number listed above: ☐ Business ☐ Home ☒ Cell ☐ Fax ☐ Pager

3 Mail: _____ _____ _____ _____ _____
Street (#, Name, Type, Direction) City State Zip + 4

4 Internet: Jhrg@comcast.net
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

** **Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license.** **

4-7/13/12-lab

Signature of Cardholder (required for all charges): _____

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa — **Expiration Month/Year ►►**

Enter Account Number ►