

240001673

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsj

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Business License Parking Ramp _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 0.00

Business Information

Business Address: 95 E 7th St. Saint Paul MN 55101
Street City State Zip

Company Name: KeefeCo Parking, LLC **Doing Business As:** _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ **Date of Anticipated Opening:** 09/01/2024

Mailing Address: 145 E 7th St Saint Paul MN 55101
Street City State Zip

Business Phone #: (615) 352-0415 **Email Address:** [REDACTED]

Applicant Information

Applicant Name: Timothy S Bewley
First Middle Last

Title: Chief Investment Officer **Date of Birth:** [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Supplemental Required Information

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

Operator Name: KeefeCo Parking, LLC
First

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: KeefeCo Parking, LLC
First

Home Address:

Date of Birth:

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

Officer Name: Theodore T McCarley
First Middle

Title: CEO Email:

Home Address:

Date of Birth:

Officer Name: Matthew J Cahill
First Middle

Title: President Email:

Home Address:

Date of Birth:

Officer Name: Timothy S Bewley
First Middle

Title: Chief Investment Officer Email:

Home Address:

Date of Birth:

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 through the district in which my business will operate.



Chief Investment Officer
Title

9/19/24
Date