



SAINT PAUL
SAFETY & INSPECTIONS

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

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.	Parking Ramp- LUMEN 70 W. 4th St, St. Paul, MN	405.00
2.		
3.		
4.		
5.		
6.		
7.		

Total: **\$ 405.00**

Business Information

Business Address: 70 W. 4th Street St. Paul MN 55102
Street City State Zip

Company Name: Allied Parking, Inc. Doing Business As: Allied Parking, Inc.

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 1963 Date of Anticipated Opening: 01/01/2024

Mailing Address: 800 S. 9th Street Minneapolis MN 55404
Street City State Zip

Business Phone #: (612) 332-0391 Email Address: gjanetka@alliedparkinginc.com

Applicant Information

Applicant Name: Gena Janetka
First Middle Last

Title: President 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: Allied Parking, Inc.
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: Allied Parking, Inc.
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: See attached personal Affidavit
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

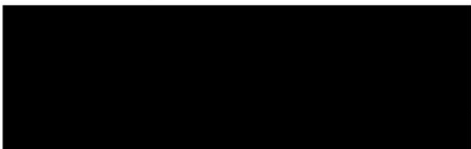
Title: _____ Email: _____

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.



President 02/01/2024
Title Date