





Saint Paul, Minnesota 551016 of Saint Paul - DS/ SAFETY & INSPECTIONS

LICENSES ARE NOT TRANSFERRABLE

application. This application is subject to review by the public.

This application requires District Council notification prior to submission.

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			Total: \$ 39	06.00
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Business Address:	401 Pahlen Blvd	St. Paul	MN	55130
Company Name:	Group Health Inc	City Doing Business	State As:	Zip
Company Type:	Corporation 💽	Partnership 🔵	Sole Proprietorship	,O
ate of Incorporation:	-	Date of Anticipated Oper	ning:	
Mailing Address:				
Business Phone #:	(952) 833-5804	City Email A	ddress:	7/0
Applicant Informa	ntion			
Applicant Nam	ne: Kenn	A Middle	Barnaby Last	No.
Title:	Manager of Facilites	Date of E		
Drivers License:	State License #	Email:		
Home Address:				
Cell Phone #:		Alternate Ph	one #:	Zlo

Operator Name:	t?				
	First	Middle	Last		
Home Address:					
	Street	City		State	Zip
Date of Birth: _	A 104 A	Phone #:	Email Address:		
e you going to have a	manager or assi	stant in this business? Yes: (No:		
nanager is <u>not</u> the sa	ime as the opera	tor, please complete the following	information:		
Manager Name:					
Fi	rst	Middle	Last		
Home Address:					
S	treet	City		State	Zlp
Date of Birth:	· · · · · · · · · · · · · · · · · · ·	Phone #:	Email Address:		
		corporation (Attach another	sheet if applicable.)	
Officer Name:			Walsh		
	First	Middle	Last		-
Title:	CEO	_{Email:} NA			
Home Address:					
nome Address.	Street	City		State	ZIp
Date of Birth:		Phone #:			
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Officer Name:					
Officer Name:	First	Middle	Last		
Officer Name:	First				· · · · · · · · · · · · · · · · · · ·
Title:			Last		
				State	
Title: Home Address:	Street	Email:			Zip
Title:	Street	Email:			
Title: Home Address: Date of Birth:	Street	Email:			
Title: Home Address:	Street	Email:City Phone #:			
Title: Home Address: Date of Birth: Officer Name:	Street	Email:City Phone #:Middle	Last	State	Zip
Title: Home Address: Date of Birth: Officer Name: Title:	Street	Email:City Phone #:Middle		State	Zip
Title: Home Address: Date of Birth: Officer Name: Title:	Street	Email: City Phone #: Middle Email:	Last	State	Zip
Title: Home Address: Date of Birth: Officer Name:	Street	Email:City Phone #:Middle	Last	State	Zip