



**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 Web Site at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**CLASS R LICENSE APPLICATION**  
 LICENSES ARE NOT TRANSFERRABLE  
 Payment must be received with Each Application  
 (This application is subject to review by the public)

Business Address: 2757 Hudson Rd Oakdale, Mn 55128  
 (Street number/name, direction, etc.)  
 Name on Business Sign (DBA): Absolute Towing & Recovery Inc  
 Date: 5/10/2017

| Types of License(s) being applied for: (Office Use Only) |                                | Fees                    |
|--|--------------------------------|-------------------------|
| <u>Tow Operator</u>                                      |                                | <u>362<sup>00</sup></u> |
| <u>Tow Truck, wrecker / Veh.</u>                         | <u>76<sup>00</sup> per veh</u> |                         |
|  |                                |                         |
|  |                                |                         |
|  |                                |                         |
|  |                                |                         |
|  |                                |                         |
| Total  |                                |                         |

Licensee/Owner Name: Timothy Michael Heldman president Birth Date: 7.18.1920  
 (Responsible Party) First Middle Maiden Last Title

Have you used any other names?(list them here) NO

Home Address: 8423 Hennepin Aves Cottage Grove Mn 55016 Home Phone: 651-239-6241  
 Street Number/Name City State Zip+4

Place of Birth: St Paul, Mn Driver's License # V922239065213

Business Phone: 651-337-2149 Fax: 651-337-1023 E-Mail: absolutetowmn@gmail.com

Company Name: Absolute Towing & Recovery Inc. Circle Type: Corporation Partnership Sole Proprietorship

Address (If different from Business Address): 2757 Hudson Rd Oakdale Mn 55128  
 Street Number/Name City State Zip+4

Preferred Mailing Address: same as business address

Anticipated Date of Opening: 5.10.2017

Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)  
Absolute TOWING  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION**

Business Manager if different from Applicant

Manager's Name: Timothy Michael Heldman President Other Name(s) Used: \_\_\_\_\_  
First Middle Maiden Last Title

Home Address: 8423 Heena Ave Cottage Ln 55016 Home Phone: 651 1239-5244  
Street Number/Name City State Zip+4

Birth Date: 7 18 1980 Place of Birth: St Paul, Minn Driver's License # V920039065213

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_  
First Middle Maiden Last Title

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Street Number/Name City State Zip+4

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_  
First Middle Maiden Last Title

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Street Number/Name City State Zip+4

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

The following additional information is required for your application to be complete: *(check if received)*

- Zoning Worksheet + Floor plan & Site plan.
- Property Lease Agreement or Proof of Ownership

**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 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.

[Signature]  
 Applicant Signature (Required)

President  
 Title

5-10-12  
 Date

**NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.**