

20240000594



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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.

This application requires District Council notification prior to submission.

| Types of License(s) being applied for: | Fee(s): |
|---|---------------|
| 1. <u>Parking ramp license</u> | <u>396.00</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| Total: \$ 396.00 | |

Business Information

Business Address: 1289 Grand Avenue St. Paul MN 55105
Street City State Zip

Company Name: East River Development, LLC Doing Business As: _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 08/24/2011 Date of Anticipated Opening: 02/06/2014

Mailing Address: c/o At Home Apts 1289 Grand Ave St. Paul MN 55105
Street City State Zip

Business Phone #: (651) 225-8227 Email Address: [REDACTED]

Applicant Information

Applicant Name: Alan J Spaulding
First Middle Last

Title: Chief Manager 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: At Home Apartments, L.L.C

Home Address: [Redacted]
Date of Birth: [Redacted]

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: At Home Apartments, L.L.C

Home Address: [Redacted]
Date of Birth: [Redacted]

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

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 #: _____

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 business district in which my business will operate.

[Redacted Signature Area]

Christ Manager Title 4/8/24 Date