24000167O

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/dsi

This application requires District Council notification prior to submission.

Types of License(s) being applied for: **Fee(s):**

1. ~~Business License~~ Parking Lot _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: $ 0.00

Business Information

Business Address: 471 N. Wabasha St (Street) Saint Paul (City) MN (State) 55102 (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 (Street) Saint Paul (City) MN (State) 55101 (Zip)

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

Applicant Information

Applicant Name: Timothy (First) S (Middle) Bewley (Last)

Title: Chief Investment Officer **Date of Birth:** _____

Drivers License [redacted]

Home Address [redacted]

Cell Phone # [redacted]

(Continued on back)

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 Middle Last

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: KeefeCo Parking, LLC
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: Theodore T McCarley
First Middle Last

Title: CEO Email: [redacted]

Home Address: [redacted]
Street City State Zip

Date of Birth: ___ Phone #: _____

Officer Name: Matthew J Cahill
First Middle Last

Title: President Email: [redacted]

Home Address: [redacted]

Date of Birth:

Officer Name: Timothy S Bewley
First Middle Last

Title: Chief Investment Officer Email: [redacted]

Home Address: [redacted]

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 representing the planning district in which my business will operate.

[redacted] Chief Investment Officer 9/19/24
Title Date