

20240000585

MAR 2 7 2024

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE



Saint Paul, Minnesota 55101 City of Saint Paul - DSJ Phone: 651-266-8989

Web: www.stpaul.gov/dsi

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	s) being applied for:		Fee(s):
1. Parkin	g Ramp and Garage (Priv	rate)	396.00
2.	MINISTER STATE OF THE STATE OF		
4.			
5.			
7.			
			Total: \$ 396.00
Business Information	1		
Business Address:	1111 Elway St.	Saint Paul	MN 55116 State Zip
Company Name:	Glen Terrace Condomini	•	S As: Condominium
Company Type:	Corporation 💿	Partnership 🔘	Sole Proprietorship
Date of Incorporation:	06/01/1985	Date of Anticipated Op	ening:
Mailing Address:			
Business Phone #:	(651) 457-8859	City Email.	State Zip Address:
Applicant Informa	tion		
Applicant Name	e: Stanley	Eugene Middle	Willett
Title:	Director	Date of	Birth:
Drivers License:	State License #	Email:	
Home Address:			
Cell Phone #:		Alternate P	hone #:

Are you going to opera f <u>no,</u> who will operate		oersonally? Ye	s: No:	\circ		
Operator Name	First		Middle			
Home Address				Last		
	Street		City		State	Zip
Date of Birth: _	*****	Phone #:		Email Address: _		
are you going to have a	_		\sim	No:		
f manager is <u>not</u> the sa	ame as the opera	tor, please comple	ete the following inf	ormation:		
Manager Name:	irst		Middle	Last	70000	
Home Address: _				LUSC		
S	treet	Phone #:	City	Email Address:	State	Zip
Date of Birth:		1110116 #				
Title:			Francii.			
			eman:			
Home Address:						
	Street		City		State	Zip
	Street					
Date of Birth:	Street		City			
	Street		City			
Date of Birth:	Street		City	_	State	Zip
Date of Birth: Officer Name:	Street	Phone #:	City Middle Email:	L ast	State	Zip
Date of Birth: Officer Name: Title: Home Address:	Street First Street	Phone #:	City Middle Email:	— Last	State	Zip
Date of Birth: Officer Name: Title: Home Address:	Street First Street	Phone #:	City Middle Email:	— Last	State	Zip
Date of Birth: Officer Name: Title: Home Address:	Street First Street	Phone #:	City Middle Email:	— Last	State	Zip
Date of Birth: Officer Name: Title: Home Address: Date of Birth: Officer Name:	Street First Street	Phone #:	City Middle Email: City Middle	Last Last	State	Zip
Date of Birth: Officer Name: Title: Home Address: Date of Birth: Officer Name: Title:	Street First Street	Phone #:	City Middle Email: City Middle	Last	State	Zip
Date of Birth: Officer Name: Title: Home Address: Date of Birth: Officer Name: Title:	Street First Street	Phone #: Phone #:	City Middle Email: City Middle Email:	Last	State	Zip
Date of Birth: Officer Name: Title: Home Address: Date of Birth: Officer Name: Title: Home Address:	Street First Street Street	Phone #:	City Middle Email: City Middle	Last Last	State	Zip

Title

Date

Applicant Signature