

240001676



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsj](http://www.stpaul.gov/dsj)

### 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. Parking Lot \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Total: \$ 0.00

#### Business Information

Business Address: 81 East 9th St Saint Paul MN 55101  
Street City State Zip

Company Name: Parking Management Company Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 04/28/2014 Date of Anticipated Opening: 09/01/2024

Mailing Address: 3713 Charlotte Ave Nashville TN 37209  
Street City State Zip

Business Phone #: (615) 352-0415 Email Address: permits@parkingmgt.com

#### Applicant Information

Applicant Name: Carl J McAdams  
First Middle Last

Title: VP Administration Date of Birth: \_\_\_\_\_


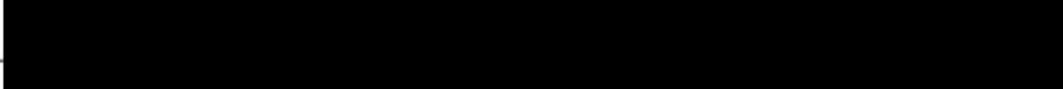
Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_


### Supplemental Required Information

Are you going to operate this business personally? Yes:  No:   
If no, who will operate it?



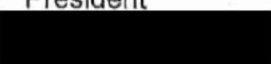

Operator Name: Parking Management Com  
First Middle Last  
Home Address:   
Date of Birth: 

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: Parking Management Com  
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 McCarley  
First Last  
Title: CEO  
Home Address:   
Street  
Date of Birth:  Phone #: \_\_\_\_\_  
Officer Name: Matthew  
First  
Title: President  
Home Address:   
Date of Birth:  Month  
Officer Name: \_\_\_\_\_  
First  
Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street  
Date of Birth: \_\_\_\_\_ Ph

### FALSIFICATION OF ANSWERS GIVEN OR MATERIAL OMISSIONS

I hereby state that I have answered all of the preceding questions to the best of my knowledge and belief. I also hereby state that I have provided the correct information representing the planning district in which my business will be operated.

