

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street, Suite 220 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.

Types of License(s) b	olog applied for	j	Foolsh 27
	Fee(s): 367.32		
a. Priva	ate Parking Garage (Ramp)		<i>≥</i> \$362.00
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f.			4944
g	prompte and the second	1999-1994	- minimuma
			Total: \$ 362.00 _
Business Information	1		The state of the s
Business Address	370 Marshall Ave	St Paul	MN 55102
Company Name	370 Marshall Ave Street The Aherdeew Cordonision As of St. Davi, I	City Solintin Doing Business As:	The Aberdees Condominion
Company Type:	Corporation Pa	artnership	Sole Proprietorship
Date of Incorporation:	7 17 12004	Anticipated Opening:	<u>j</u>
Mailing Address:	8100 Old Coder Ave S	#300 Blooming ton	MV 55425
	612-238-2372	Fax Number:	NA
Applicant Informatio	n		
• •	Tav U	Jilian	Hoswork
	Association Manager		sst / /
Drivers License:	State License#	Email:	-
Home Address:	Street	City	(C) ato
Cell Phone:	hand of the second of the seco	Alternate Phone:	National Property of the Control of

Supplemental Parist Live					eret s
Supplemental Required Information					
Are you going to operate this business personally? If no, who will operate it?	Yes:	No:			
Operator Name:		_			
First					
N R Home Address:	Middle		Last		
Date of Birth: / /		City		State	Zip
		Phone #:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Σiμ
Are you going to have a manager or assistant in this business?		Yes;	V		**************************************
If manager is not the same as the operator, please complete the	following Information	n.		No:	
Manager Name: Lan	ω .	,,,,	1.	toxwortz	
Home Address:	Middle		Läst	10/2007 12	
Street	, r	ty			
Date of Birth: / /		Y Phone:		State	zib.
Officer Name: Title: Home Address			Last	Herring tow lary To	~
Street Date of Birth: / /	City		***************************************	State	Ζlp
Date of Birth: / /	Pl	hone:			Zip
Officer Names Milely /	***************************************		***************************************	4444	**************************************
First	44(4.1)			Villey	
Officer Name: Michael First Title: Vice President	Middle Emall:		Last		Name and a second
Home Address:			,		
Sucer					
Date of Birth:/_/	⊱ity Dh	one;			-, <u>-</u> -
The state of the s	- 11	orie;			
Officer Name: Rita			,	^	**************************************
First	Middle		Last	Casse_	
Title: Secretary	Emall:		Last		
Home Address:				· · · · · · · · · · · · · · · · · · ·	Milmuddicus
Street Date of Birth: / /	City				
Date of Bifth:	Pho	ne;		State	Zip
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LSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED	WILL RESULT IN DE	NIAL OF A	PPLICATION		,
ereby state that I have answered all of the preceding questions and $\mathfrak d$ belief.	that the Information of	contained h	arain is tous -		
- 50,101,		municu III	erem is true a	na correct to the bes	t of my knowle
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