

9hr2

240000361

MAR 07 2024

Class "N" License Application



SAINT PAUL SAFETY & INSPECTIONS

Saint Paul, Minnesota 55102 City of Saint Paul - DSI
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

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.

Table with 2 columns: Types of License(s) being applied for, Fee(s). Includes handwritten entries for Parking Garage Renewal (private) and Condo Association invoice.

Business Information

Business Address: 406 Wacouta Street St. Paul MN 55101

Company Name: River Park Lofts Doing Business As: River Park Lofts

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 07/19/2007 12.29.2006 Date of Anticipated Opening: NA - OPENED

Mailing Address: 406 Wacouta St St. Paul MN 55101

Business Phone #: (651) 717-4900 Email Address: riverparkloftsboard@gmail.com

Applicant Information

Applicant Name: Josh Allan Nowak

Title: Community Manager Date of Birth: [Redacted]

Drivers License: [Redacted] Email: josh.nowak@fsresidential.com

Home Address: [Redacted]

Cell Phone #: [Redacted] Alternate Phone #: [Redacted]

### Supplemental Required Information

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

Operator Name: River Park Lofts Condo Association  
First Middle Last  
Home Address: 406 Wacouta St (office) St. Paul MN 55101  
Street City State Zip

Date of Birth: NA - ASSOCIATION Phone #: (651) 717-4900 Email Address: riverparkloftsboard@gmail.com

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: Josh Allan Nowak  
First Middle Last  
Home Address: 406 Wacouta St (office) St. Paul MN 55101  
Street City State Zip

Date of Birth: [REDACTED] Phone #: (651) 717-4900 Email Address: [REDACTED]@in.com

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 planning district in which my business will operate.

[REDACTED] \_\_\_\_\_  
Applic \_\_\_\_\_ Title Community Manager Date 03/04/2024

ON BEHALF OF THE  
RIVER PARK LOFTS BOARD  
OF DIRECTORS - JOSH NOWAK 03.04.2024