20190000202



CITY OF ST. PAUL

DEPARTMEN'T OP SAFRTY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL. MINNESOTA 55101-1806
Phone: 651-266-8989 Fux: 651-266-9124
Visit our Web Site at www.sipuul.gov/dsi

CLASS R LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application (This application is subject to review by the public)

Business Address Ave 310 Th Ave Wew Port Imn 55055	Name on Business Sign (DBA)	Date
(Street number/name, direction, etc.) Dew Port Imn 5305)	Absolute Towns of	1-3-18
Recovery Inc		
Types of License(s) being applied for: (Office Use Only)		Fees
Tow Truck Wheeler Operator		362.00
3 Tow Truck Whe cleer Vehical	25	228.00
		#
	'Fotal	4590.00
	I prime a se resulte mile trimen i monte monte de destation è milet d'abit et è institute	
Licensec/Owner Name: Timothy mickel He (Responsible Party) First Middle Malden	dunga Presider Birth Date:	711811980
Have you used any other names?(list them have)		
Home Address: 8423 Henry Aves, Cotty State, in	n 53016 Home Phone: 651	739-8244
Place of Birth: 52 paul, ma Driver's Li	cense # V9272390452	13
Business Phone: 651-33>-2149 Fax: 651-337-1023 E-Mall: Absolute town @gmast, Cc		
Company Name: Absolute Towing Circle Types Company Partnership Sole Proprietorship		
Address (If different from Business Address):		
Street Number/Namo	•	Zip·+4
Professed Mailing Address: 310 > 4 Ave ver p	ort, mn .55055	
Anticipated Date of Opening://		
Licensee Work History (list name, address and phone number of all employers, Absolute Towns 310 th Acre		ers

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION		
Business Manager if different from Applicant		
Manager's Nome:	Other Name(s) Used:	
First Middle Maiden Lust	Title	
Home Address: Street Number/Nume City State	Zlp+4 Home Phone;/	
Birth Date: / / Place of Birth: Driver's License #		
Other Person(s) to Appear on Business License (Circle Type:	Shareholder Officer Partner)	
Name:	Other Name(s) Used:	
Name: First Middle Maiden Lust	Title	
Home Address: Street Number/Name City State	Home Phone://	
· · · · · · · · · · · · · · · · · · ·		
Birth Date: /_ /_ Place of Birth: Driver's License #		
Other Person(s) to Appear on Business License (Circle Type:	Shareholder Officer Partner)	
Name:Other Name(s) Used:		
Name: First Middle Maiden Last	Title	
Home Address: Street Number/Name City State	Home Phone://	
Birth Date: / / Place of Birth: Driver's License #		
The following additional information is required for your application to be complete: (check if received)		
Zoning Worksheet + Floor plan & Site plan.		
Property Lease Agreement or Proof of Ownership		
Property Dense Agreement of Proof of Ownership		
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 hest of my knowledge and helief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.		
Applicant Streeture (Beautier)	5: deut 1-3-18	
Applicant Signature (Required) Tifle	Date	

NOTE: GROCERY, RESTAURANT OR OTHERBUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

Revised 10/16/20

E-1/20/19-lab