



20240000513



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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 Ramp License Private	396
2.		
3.		
4.		
5.		
6.		
7.		

Total: **\$ 396.00**

Business Information

Business Address: 167 Grand Avenue St. Paul MN 55102
Street City State Zip

Company Name: Allina Health EMS Doing Business As: Allina Health

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 03/11/2084 Date of Anticipated Opening: _____

Mailing Address: _____
Street City State Zip

Business Phone #: (651) 241-4201 Email Address: _____

Applicant Information

Applicant Name: Patrick John Egan
First Middle Last

Title: Director of Fleet Services Date of Birth: _____

Drivers License: _____
Home Address: _____
Cell Phone #: _____

Supplemental Required Information

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

Operator Name: _____
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: Patrick John Egan
Home Address: _____
Date of Birth: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Susan Lynn Long
First Middle Last
Title: President Email: _____
Home Address: _____
Date of Birth: _____

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.



Director of Fleet Services
Title

3/25/2024
Date