

20240000594



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:	Fee(s):
1. <u>Parking ramp license</u>	<u>396.00</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
<b>Total: \$ 396.00</b>	

#### Business Information

Business Address: 1289 Grand Avenue St. Paul MN 55105  
Street City State Zip

Company Name: East River Development, LLC Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 08/24/2011 Date of Anticipated Opening: 02/06/2014


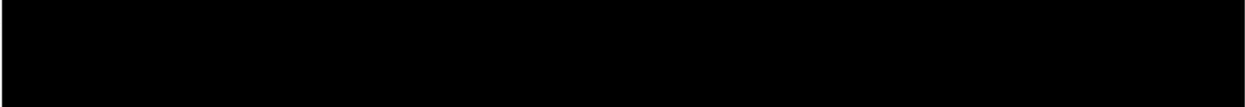

Mailing Address: c/o At Home Apts 1289 Grand Ave St. Paul MN 55105  
Street City State Zip

Business Phone #: (651) 225-8227 Email Address: 

#### Applicant Information

Applicant Name: Alan J Spaulding  
First Middle Last

Title: Chief Manager 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: At Home Apartments, L.L.C

Home Address: [Redacted]  
Date of Birth: [Redacted]

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: At Home Apartments, L.L.C

Home Address: [Redacted]  
Date of Birth: [Redacted]

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 business district in which my business will operate.

[Redacted Signature Area]

Christ Manager Title 4/8/24 Date