

240001669

### Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

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

Types of License(s) being applied for:

Fee(s):

- 1. Business License Parking Ramp \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Total: \$ 0.00

#### Business Information

Business Address: 145 E 7th St Saint Paul MN 55101  
Street City State Zip

Company Name: KeefeCo Parking, LLC Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: 09/01/2024

Mailing Address: 145 E 7th St Saint Paul MN 55101  
Street City State Zip

Business Phone #: (615) 352-0415 Email Address: [REDACTED]

#### Applicant Information

Applicant Name: Timothy S Bewley  
First Middle Last

Title: Chief Investment Officer Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

### Supplemental Required Information

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

Operator Name: KeefeCo Parking, LLC  
First

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: KeefeCo Parking, LLC  
First

Home Address:

Date of Birth:

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

Officer Name: Theodore T McCarley  
First Middle

Title: CEO Email:

Home Address:

Date of Birth:

Officer Name: Matthew J Cahill  
First Middle

Title: President Email:

Home Address:

Date of Birth:

Officer Name: Timothy S Bewley  
First Middle

Title: Chief Investment Officer Email:

Home Address:

Date of Birth:

### 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 planned district in which my business will operate.



*Chief Investment Officer*  
Title

9/19/24  
Date