



CITY OF SAINT PAUL
 Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101
 Phone: 651-266-8989
 Web: 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.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|----------------------------|-----|
| a. | Parking Garage- Government | N/A |
| b. | | |
| c. | | |
| d. | | |
| e. | | |
| f. | | |
| g. | | |

Total: \$ 0

Business Information

Business Address: 555 Wabasha St. N., Suite 400, St. Paul, MN 55102
Street City State Zip

Company Name: Public Housing Agency of the City of St. Paul Doing Business As: Same

Company Type: NA Corporation Partnership Sole Proprietorship

Date of Incorporation: / / Anticipated Opening: / /

Mailing Address: 555 Wabasha St. N., Suite 400, St. Paul, MN 55102
Street City State Zip

Business Phone: Fax Number:

Applicant Information

Applicant Name: Meghan Kisch
First Middle Last

Title: Asst. City Attorney Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]
City State Zip

Cell Phone: [REDACTED] Alternate Phone:

(Continued on back)

Supplemental Required Information **Not Applicable- Government Agency**

Are you going to operate this business personally?

Yes: _____ No: _____

If no, who will operate it?

Operator Name:

First _____ Middle _____ Last _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth:

_____/_____/_____

Phone #:

_____-_____-_____

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:

First _____ Middle _____ Last _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth:

_____/_____/_____

Phone:

_____-_____-_____

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.



Applicant Signature

Asst. City Attorney

Title

3/12/2020

Date