

**SAINT PAUL**  
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101  
City of Saint Paul - DSI  
Phone: 651-266-8369  
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. | Parking Garage - <u>PRIVATE</u> | 396.00 |
| 2. | _____                           | _____  |
| 3. | _____                           | _____  |
| 4. | _____                           | _____  |
| 5. | _____                           | _____  |
| 6. | _____                           | _____  |
| 7. | _____                           | _____  |

**Total:** \$ 396.00**Business Information**Business Address: 535 S. Lexington Parkway St. Paul MN 55116  
Street City State ZipCompany Name: Moncalm Apartments Doing Business As: \_\_\_\_\_Company Type: Corporation ☐ Partnership ☒ Sole Proprietorship ☐

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State ZipBusiness Phone #: (952) 892-8482 Email Address: \_\_\_\_\_**Applicant Information**Applicant Name: DANNIE H GUSTAFSON  
First Middle LastTitle: MANAGER/LLC 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: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

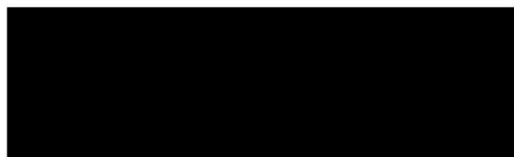
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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 planning district in which my business will operate.



Accounts Payable 2/20/24  
Title Date