



SAINT PAUL
SAFETY & INSPECTIONS

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

240001670
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. Business License Parking Lot _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00

Business Information

Business Address: 471 N. Wabasha St Saint Paul MN 55102
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:** _____

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 Middle Last
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: KeefeCo Parking, LLC
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: Theodore T McCarley
First Middle Last
Title: CEO Email: [Redacted]
Home Address: [Redacted]
Street City State Zip
Date of Birth: _____ Phone #: _____

Officer Name: Matthew J Cahill
First Middle Last
Title: President Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted]

Officer Name: Timothy S Bewley
First Middle Last
Title: Chief Investment Officer Email: [Redacted]
Home Address: [Redacted]
Date of Birth: [Redacted]

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.

[Redacted Signature] _____
Title: Chief Investment Officer Date: 9/19/24