240000302

SAINT PAUL
SAFETY & INSPECTIONS

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.

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

**Types of License(s) being applied for:** **Fee(s):**

1. Parking Ramp License — $405
2. ____ ____
3. ____ ____
4. ____ ____
5. ____ ____
6. ____ ____
7. ____ ____

**Total:** $405

## Business Information

**Business Address:** 111 Kellogg Blvd, St. Paul, MN 55101
(Street / City / State / Zip)

**Company Name:** Premier Parking of Tennessee **Doing Business As:** Metropolis

**Company Type:** Corporation (X) Partnership ( ) Sole Proprietorship ( )

**Date of Incorporation:** 2003 **Date of Anticipated Opening:** 12/8/2024

**Mailing Address:** 144 2nd Avenue N, Suite 300, Nashville TN 37201
(Street / City)

**Business Phone #:** 615-238-2250 **Email Address:** [redacted]

## Applicant Information

**Applicant Name:** Steven Allen Hammerschlag
(First / Middle / Last)

**Title:** Regional Vice President **Date of Birth** [redacted]

**Drivers License** [redacted] (State / License #) **Email:** [redacted]

**Home Address:** [redacted]
(City / State / Zip)

**Cell Phone #** [redacted] **Alternate Phone #:** ____

(Continued on back)

## 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.

[redacted] Regional Vice President 2/5/2024
Title Date