

(K)

240000353

Received Class "N" License Application

FEB 27 2024  
City of Saint Paul - DSI



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55104  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**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 - Private	396.00
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
<b>Total: \$ 396.00</b>	

**Business Information**

*Phalen*

Business Address: 401 Phalen Blvd St. Paul MN 55130  
Street City State Zip

Company Name: Group Health Inc Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership  Sole Proprietorship

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

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

Business Phone #: (952) 833-5804 Email Address: \_\_\_\_\_

**Applicant Information**

Applicant Name: Kenn A Barnaby  
First Middle Last

Title: Manager of Facilites Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

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

Cell Phone #: \_\_\_\_\_ Alternate 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: Andrea Walsh  
First Middle Last  
Title: CEO Email: NA  
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.

Applicant Signature: \_\_\_\_\_

Title: *Fac Manager*

Date: *2/2/24*