

Received

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MAR 07 2024

Class "N" License Application

SAINT PAUL
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101 City of Saint Paul - DSI
Phone: 651-266-8989
Web: 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 Garage Renewal (private) 396.00
2. _____
3. CONDO ASSOCIATION WILL NEED TO BE
4. INVOICED FOR CHECK TO BE CUT
5. - INVOICE TO APPLICANT - JOSH NOWAK
6. ~~AAZ~~ 3.7.24
7. _____

Total: \$ 396.00

Business Information

Business Address: 406 Wacouta Street St. Paul MN 55101
Street City State Zip

Company Name: River Park Lofts Doing Business As: River Park Lofts

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒Date of Incorporation: ~~07/19/2007~~ 12.29.2006 Date of Anticipated Opening: NA - OPENEDMailing Address: 406 Wacouta St St. Paul MN 55101
Street City State Zip

Business Phone #: (651) 717-4900

Email Address: riverparkloftsboard@gmail.com

Applicant Information

Applicant Name: Josh Allan Nowak
First Middle Last

Title: Community Manager

Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Email: josh.nowak@fsresidential.com

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Alternate Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐
If no, who will operate it?

Operator Name: River Park Lofts Condo Association
First Middle Last
Home Address: 406 Wacouta St (office) St. Paul MN 55101
Street City State Zip
Date of Birth: NA - ASSOCIATION Phone #: (651) 717-4900 Email Address: riverparkloftsboard@gmail.com

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: Josh Allan Nowak
First Middle Last
Home Address: 406 Wacouta St (office) St. Paul MN 55101
Street City State Zip
Date of Birth: [REDACTED] Phone #: (651) 717-4900 Email Address: [REDACTED]@gmail.com

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] Community Manager 03/04/2024
Applicant Title Date
ON BEHALF OF THE
RIVER PARK LOFTS BOARD
OF DIRECTORS - JOSH NOWAK 03.04.2024