240000458

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
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.

Received
MAR 14 2024
City of Saint Paul - DSI

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

a. Garage License — $396.00
b. Parking Ramp - Private
c.
d.
e.
f.
g.

Total: $396.00

Business Information 241 Kellogg Blvd E #400 St Paul MN 55101

Business Address: 4450 Excelsior BLVD St. Louis Park MN 55416
Street City State Zip

Company Name: Reuter Walton **Doing Business As:** The Donegan

Company Type: Corporation ____ Partnership ____ Sole Proprietorship X

Date of Incorporation: / / **Anticipated Opening:** / /

Mailing Address: 241 E Kellogg BLVD Saint Paul MN 55101
Street City State Zip

Business Phone: 651 529 2919 **Fax Number:** —

Applicant Information

Applicant Name: Drusilla Sharcen Dye
First Middle

Title: Property Manager **Date of Birth:** [redacted]

Drivers License: [redacted] **Email:** [redacted]
State License #

Home Address [redacted]
Street City State Zip

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

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: ____/____/____ Phone #: _____

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: _____

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.

[redacted] Property Manager Jan 16th 2024
Title Date