



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi

Class "R" 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. | Animal Boarding (Commercial) | \$ 83.00 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: 83.00

Business Information

Business Address: 2418 University Ave Saint Paul MN 55114
Street City State Zip

Company Name: Mississippi Mutts, LLC Doing Business As: Dogtopia of Saint Paul

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 9/8/23 Date of Anticipated Opening: 12/1/24

Mailing Address: [REDACTED]
Street City State Zip

Business Phone #: 608-738-8364 Email Address: [REDACTED]

Applicant Information

Applicant Name: Sophie Marie Nancekivell
First Middle Last

Title: Owner & General Manager Date of Birth: [REDACTED]

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: Sophie Marie Nancekivell

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: Sophie Marie Nancekivell

Home Address: [REDACTED]

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: Ian Stewart Nancekivell

First

Middle

Title: Owner

Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: [REDACTED]

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.

Owner General Manager
Title

5/16/24
Date