2024 0000 933

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. Transportation Network Company	41,115.00
2.	
3.	
4.	
5.	
6.	
7.	
Total:	$ 41,115.00

Business Information

Business Address: 3405 Serene Hills Ct. (Street) Austin (City) TX (State) 78738 (Zip)

Company Name: Wridz, LLC. **Doing Business As:** same

Company Type: Corporation (●) Partnership ( ) Sole Proprietorship ( )

Date of Incorporation: 07/10/2020 **Date of Anticipated Opening:** June 1, 2024

Mailing Address: 3405 Serene Hills Ct (Street) Austin (City) TX (State) 78738 (Zip)

Business Phone #: 5125181859 **Email Address:** [redacted]

Applicant Information

Applicant Name: Steve (First) W (Middle) Wright (Last)

Title: CEO **Date of Birth:** [redacted]

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

Home Address: 3405 Serene Hills Ct. (Street) Austin (City) TX (State) 78738 (Zip)

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

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? **Yes:** (●) **No:** ( )
If no, who will operate it?

Operator Name: na
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: na
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: Steve W Wright
First Middle Last

Title: CEO **Email:** [redacted]

Home Address: 3405 Serene Hills Ct Austin TX 78738
Street City State Zip

Date of Birth: [redacted] **Phone #:** [redacted]

Officer Name: Donna M Coyne
First Middle Last

Title: COO **Email:** [redacted]

Home Address: 3405 Serene Hills Ct. Austin TX 78738
Street City State Zip

Date of Birth: [redacted] **Phone #:** [redacted]

Officer Name: Evan M Wright
First Middle Last

Title: CFO **Email:** [redacted]

Home Address: 3405 Serene Hills Ct Autin TX 78738
Street City State Zip

Date of Birth: [redacted] **Phone #:** [redacted]

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 [redacted] business will operate.

[redacted] CEO May 28, 2024
Title Date