

20210002268



CITY OF SAINT PAUL
Department of Safety and Inspections
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.

Types of License(s) being applied for:

Fee(s):

- a. AUTO REPAIR GARAGE LICENSE _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 462 -

Business Information

Business Address: 1324 ARCADE ST ^{Unit A} ST.PAUL MN 55117
Street City State Zip

Company Name: PISTON AUTO Doing Business As: _____

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 08 / 31 / 2021 Anticipated Opening: _____ / _____ / _____

Mailing Address: 1324 ARCADE ST Unit A ST PAUL MN 55117
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: ANTONIO BUGARIN HERRARA
First Middle Last

Title: OWNER Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

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

If no, who will operate it?

Operator Name: N/A
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: N/A
First Middle Last

Home Address: N/A
Street City State Zip

Date of Birth: / / Phone: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: DAVID ALEJANDRO BUGARIN SANCHEZ
First Middle Last

Title: CO/OWNER Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: PABLO ANTONIO BUGARIN SANCHEZ
First Middle Last

Title: CO/OWNER Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: ANTONIO BUGARIN HERRERA
First Middle Last

Title: CO/OWNER 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.

Applicant signature

CO/OWNER 12/06/2021
Title Date