



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 Body Repair/Painting \$469.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 469.00

Business Information

Business Address: 1400 Saint Clair Avenue St. Paul Minnesota 55105
Street City State Zip

Company Name: P&S Enterprises, Inc. Doing Business As: Haas Collision and Glass

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 10 / 20 / 20 Anticipated Opening: 05 / 02 / 22

Mailing Address: 1400 Saint Clair Avenue St. Paul Minnesota 55105
Street City State Zip

Business Phone: 651-699-1812 Fax Number: _____

Applicant Information

Applicant Name: Patrick Raymond O'Shaughnessy
First Middle Last

Title: President Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: 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:

Sheri Lynn O'Shaughnessy

Title:

Secretary 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.

Signature: *President*

Title

Date: *4/20/22*

Date