

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/dsl

## 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) be	ing applied for:			Fee(s):	A control to the second section of the section of the second section of the secti
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				Total: [\$ 4	162
Business Information					
Business Address:	378 Come Aur	· · · · · · · · · · · · · · · · · · ·	St poul	M N State	S 5/03
Company Name:	Jakes Duto MAII	ninganganin dindind	Doing Business As:		THE CONTROL OF THE CO
Company Type:	Corporation &	Partnership	ipmographismisk, najojuinismogojovog v ngg	Sole Proprietorship	**************************************
Date of Incorporation:	3 / 18 / Ze10		Anticipated Opening:		nin salama, abanyainin sindahi
Malling Address:	Street		€1¢¥	State	Zip
Business Phone:	VALUE AND	ÇANAMIYINI		**************************************	
Applicant Information	1				
Applicant Name:	Jacob	Middle		this)	
	(iwwa		Date of Birth:		
Drivers License:	State License #	-	MONEY MANAGEMENT AND ASSESSMENT OF THE SECOND	mentioned distributions of the constitution in the constitution of	
Home Address:	Street	According to the second	City	S(REC	
Cell Phone:	*	<del></del>		MATTER CO.	remaining and records prime, which are defined the state of the second of the second

Supplemental Required	Information							
Are you going to operate t	this business per	sonally?	Yesi 8	No:				
If no, who will operate it?								
Operator Name:	First		Middle	/		المعارضة والمعارضة والمعار	••••••••••••••••••••••••••••••••••••••	
Home Address:	,,,				Lost			
ور ورو و المرود الم	Street	<i>f</i>	\$	City	***************************************	State	Zip	
Date of Birth;				Phone #:	***************************************		a statement of the specific and the spec	
Are you going to have a m	anager or assista	ant in this business?		Yes:	No:	X		
If manager is <u>not</u> the same	e as the operator	r, please complete the	fallowing informa	tion:				
Manager Name:	First	**************************************	Middle	~	Last	Committee and the second secon	teranamentenne and economical process (number 500, mmlå.	
Home Address:		······································			fast		objection of the state of the s	
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Date of Diruit				Phone:	MANATE COM THE CONTROL OF CONTROL	iniamini inauticina n'il ritori recelement	gang standard representation and the standard representation a	
Please list all other of	fleare of the a	amentales / Nil al		E	•			
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Officer Name:	JACOS		7.11.10	***************************************	Chis	######################################		
Title;	() WWW		Middle Emall:		Last			
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Home Address:	Street		······································	City		State	Zip	
Date of Birth:				Phone:				
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Title:	******				last		an p	
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Date of Birth;				Phone:	elektrisk kinesist kal Meskip, bron kalandar y sytrak dipadangan bisakan program.	uniquinamenteles, métroir l'adinocées hibimételes		
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Officer Name:	First		Middle	**************************************			·	
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Home Address:	Street	Paramana Paramana di Amerikan	7rf er et en	City	The state of the s	Sta(u	Zip	
Date of Birth:				Phone:				
FALSIFICATION OF ANSI	NERS GIVEN OF	R MATERIAL SUBMIT	TED WILL RESULT	'IN DENIAL C	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								
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Applicant Signature			Title		h	Date		