



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: Add To Lic ID # 20190001657 Fee(s):

- a. Second Hand Dealer - Motor Vehicle 469.00
- b. Auto Repair Garage 469.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ _____

Business Information

Business Address: 1346 Arcade St. St. Paul MN 55106
Street City State Zip

Company Name: Arcade Auto Body, LLC Doing Business As: Arcade Auto Repair
Doing Business As: Arcade Auto Sales

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Date of Incorporation: / / Anticipated Opening: / /

Mailing Address: 1346 Arcade Street St. Paul MN 55106
Street City State Zip

Business Phone: 651-730-1145 Fax Number: _____

Applicant Information

Applicant Name: Charles Woodrow Belcher
First Middle Last

Title: owner Date of Birth: / /

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

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: _____
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: _____

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.

Applicant Signature: _____ Title: owner Date: 10-25-2022