



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.

b.

c.

d.

e.

f.

g.

Total:

\$ -

Business Information

Business Address: 931 Atlantic St. Suite I, St. Paul, MN 55106
Street City State Zip

Company Name: David Hee Doing Business As: Fun Auto

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 1 / 1 Anticipated Opening: 11 / 1 / 22

Mailing Address: 931 Atlantic St. Suite I, St. Paul, MN 55106
Street City State Zip

Business Phone: 651-442-5949 Fax Number: _____

Applicant Information

Applicant Name: David Alee Hee
First Middle Last

Title: Owner Date of Birth: 1 / 1

Drivers License: _____ Email: _____

Home Address: _____
Street City State Zip

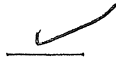
Cell Phone: _____ Alternate Phone: _____

(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:

First

Middle

Last

Title:

owner

Email:

Home Address:

Street

City

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

Date

Owner

9/21/22