OK $

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received
AUG 04 2022
City of Saint Paul - 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 — 469.00
b. Auto Body Repair/Painting Shop — 469.00
c. _____
d. _____
e. _____
f. _____
g. _____

Total: $938.00

Business Information

Business Address: 881 Newcomb St. (Street) Saint Paul (City) MN (State) 55106 (Zip)
Company Name: 3MC Auto Repair LLC **Doing Business As:** 3MC Auto Repair
Company Type: Corporation X Partnership _____ Sole Proprietorship _____
Date of Incorporation: 07 / 25 / 2022 **Anticipated Opening:** 08 / 01 / 2022
Mailing Address: 881 Newcomb St (Street) Saint Paul (City) MN (State) 55106 (Zip)
Business Phone: 651-793-2366 **Fax Number:** _____

Applicant Information

Applicant Name: Miguel (First) _____ (Middle) Castro Huinil (Last)
Title: Co-Owner **Date of Birth:** _ / _ / _
Drivers License: _____ (State) _____ (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: X 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: X 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: MIGUEL (First) CASTRO HUINIL (Middle)

Title: Co-owner Email: ____

Home Address: ____ (Street) ____ (Zip)

Date of Birth: ____ / ____ / ____ Phone: ____

Officer Name: MIGUEL (First) AGAMA Carrillo (Middle / Last)

Title: Co-OWNER 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 ____ Co-Owner (Title) 08-03-22 (Date)