

2022 0002092



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. Second Hand Dealer - 469.00
- b. Motor Vehicle
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total:

\$ 469.00

Business Information

Business Address: 545 University Ave W ST Paul MA 55103
Street City State Zip

Company Name: Angie's Auto Sales LLC Doing Business As: _____

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 07 / 01 / 2018 Anticipated Opening: 1 / 1

Mailing Address: _____
Street City State Zip

Business Phone: 763-528-3216 Fax Number: _____

Applicant Information

Applicant Name: Julio Cesar Aguilar Ortega
First Middle Last

Title: President Date of Birth: 1 / 1

Drivers License: _____ mail: _____
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:

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.

Signature

President

Title

Date

11-29-22