

Received

AUG 28 2022



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

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. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 469.00

Business Information

Business Address: 991 Front Ave St Paul MN 55103
Street City State Zip

Company Name: Automate Car Repair, LLC Doing Business As: _____

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: ____ / ____ / ____ Anticipated Opening: 08 / 01 / 2022

Mailing Address: 991 Front Ave St Paul MN 55103
Street City State Zip

Business Phone: 651-242-7387 Fax Number: _____

Applicant Information

Applicant Name: Ivan Ramiro Orellana Chavez
First Middle Last

Title: Owner Date of Birth: 1 / 1 / ____

Drivers License: _____ Email: _____
State License #

Home Address: _____ City _____ State _____ Zip _____
Street

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:

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

_____ Owner

Title

08/10/22

Date