

CRCO
Received

FEB 07 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 License 462.00
- b. _____ 469.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____ 469.00

Total: \$ 462.00

Business Information

Business Address: 1671 University Ave St. Paul MN 55104
Street City State Zip

Company Name: Turbo Tim's Anything Doing Business As: Turbo Tim's
Company Type: Corporation ☒ Automotive Partnership _____ Sole Proprietorship _____

Date of Incorporation: 6/11/2007 Anticipated Opening: 04/01/2022

Mailing Address: 2823 Central Ave NE Minneapolis MN 55418
Street City State Zip

Business Phone: 612-208-8461 Fax Number: 1-866-484-8171

Applicant Information

Applicant Name: Rachel Gail Grewell
First Middle Last

Title: Owner Date of Birth: 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

Timothy

Lee

Suggs

Home Address:

Street

City

State

Date of Birth:

Phone:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name:

First

Timothy

Lee

Suggs

Title:

owner

Email:

Home Address:

Street

City

State

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

Title

owner

01/19/22

Date