

4/1/2024 pd w/ cash \$507.00. 22



SAINT PAUL
SAFETY & INSPECTIONS

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.

2024 0000 516

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Auto Repair Garage \$507
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 0.00

Business Information

Business Address: 1324 Arcade St Saint Paul MN 55106
Street City State Zip

Company Name: Genesis Auto Repair LLC Doing Business As: Same

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ Date of Anticipated Opening: April, 01, 2024

Mailing Address: 1324 Arcade St Saint Paul MN 55106
Street City State Zip

Business Phone #: 612 328 1239 Email Address: _____

Applicant Information

Applicant Name: Same Floreo Jimenez
First Middle Last

Title: _____ Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone #: _____

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 #: _____ Email Address: _____

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 #: _____ Email Address: _____

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

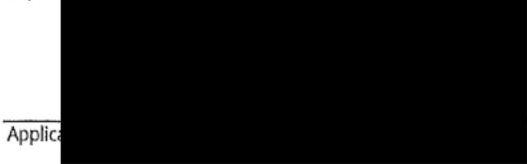
Title: _____ Email: _____

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.



OWNER
Title

04-01-24
Date