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Received Class "N" License Application



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

AUG 29 2023

City of Saint Paul - DSI

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|---|--------------------------|
| 1. | <u>Second Hand Dealer - Motor Vehicle</u> | <u>469.⁰⁰</u> |
| 2. | <u>Auto Repair Garage</u> | <u>469.⁰⁰</u> |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: \$ ~~938~~ 938.00

Business Information

Business Address: 1103 Arcade St St Paul MN 55106
Street City State Zip

Company Name: Kito Auto sales and Repair, LLC Doing Business As: Kito Auto Sales

Company Type: Corporation LLC Partnership Sole Proprietorship

Date of Incorporation: 8/28/23 Date of Anticipated Opening: October 1st

Mailing Address: _____
Street City State Zip

Business Phone #: 612-735-5273 Email Address: Laura.Becerril1019@gmail.com

Applicant Information

Applicant Name: Laura Alejandra Becerril
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____ mail: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: Laura Alejandra Becerril
First Middle Last

Home Address: 

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: Laura Alejandra Becerril
First Middle Last

Title: Owner Email: 

Home Address: 

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

8/28/2023
Date