



SAINT PAUL
SAFETY & INSPECTIONS

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

Received

JUL 11 2023

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

City of Saint Paul - DSI

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. Auto Repair Garage 469.00
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$0.00 469.00

Business Information

Business Address: 475 Como Ave St. Paul MN 55103
Street City State Zip

Company Name: Rudy's Auto Repair LLC. Doing Business As: Rudy's Auto Repair

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ Date of Anticipated Opening: 08/08/2023

Mailing Address: 941 West Minnehaha Ave St. Paul MN 55104
Street City State Zip

Business Phone #: (651) 352-9494 Email Address: rudys213@gmail.com

Applicant Information

Applicant Name: Sandra Medina
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: _____

Supplemental Required Information

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

Operator Name: _____
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: Maricruz _____ Hernandez _____
Home Address: _____
Date of Birth: _____ Phone #: _____ Email Address: _____

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


Officer Name: _____
Title: _____ Email: _____
Home Address: _____
Date of Birth: _____ Phone #: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
Date of Birth: _____ Phone #: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
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.

 Applicant Signature
Owner Title
7-11-23 Date