



**CITY OF SAINT PAUL**  
 Department of Safety and Inspections  
 Ricardo X. Cervantes, Director  
 375 Jackson Street, Suite 220  
 Saint Paul, Minnesota 55101  
 Phone: 651-266-8989  
 Web: [www.stpaul.gov/dsi](http://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.

**Types of License(s) being applied for:**

**Fee(s):**

- a. Motor Vehicle Dealer License Application 375.<sup>00</sup>
- b. (New Dealer)
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

**Total:** \$ 375.

#### Business Information

755 Prior Ave North Suite 111, St. Paul, MN 55104

Business Address: \_\_\_\_\_  
Street City State Zip

Company Name: Minnesota Teardrop Trailer LLC Doing Business As: Vistabule Teardrop

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship

Date of Incorporation: 9/01/2014 Anticipated Opening: Now

Mailing Address: SAME AS ABOVE  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: GREGORY ALBERT TAYLOR  
First Middle Last

Title: OWNER Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
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: Same as owner  
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: Steve Gregory Cocoran  
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: Lily Mee Taylor  
First Middle Last  
Title: Chief Administrative Officer Email: lily@vistabule.com  
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.

[Redacted Signature] Owner MM 10 2023  
Applicant Signature Title Date