



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

Received

MAY 22 2023

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Second Hand Dealer - Motor Vehicle 469.⁰⁰
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$0:00 469.⁰⁰

Business Information

Business Address: 1414 Arcade St St Paul MN 55106
Street City State Zip

Company Name: Jimmy's Auto Sales LLC Doing Business As: Jimmy's Auto Sales LLC

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ Date of Anticipated Opening: _____

Mailing Address: 1414 Arcade St St Paul MN 55106
Street City State Zip

Business Phone #: 612-396-2828 Email Address: [REDACTED]

Applicant Information

Applicant Name: Manuel Gutierrez Carrera
First Middle Last

Title: Owner Date of Birth: _____

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

Home Address: [REDACTED]
City State Zip

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

Supplemental Required Information

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

Yes:



No:



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.



Title

Owner

Date

5-19-2023