

Received

20240000367
Class "N" License Application

MAR 06 2024

LICENSES ARE NOT TRANSFERRABLE



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989 City of Saint Paul - DSI
Web: www.stpaul.gov/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. ¹⁵⁻ Used Car Retail	507.00
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
Total: \$ 0.00 507.00	

Business Information

Business Address: 1265 Arcade St St Paul MN 55106
Street City State Zip

Company Name: AllDrive Auto Sales LLC Doing Business As: AllDrive Auto Sales

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 2/12/24 Date of Anticipated Opening: 4/1/2024

Mailing Address: 1265 Arcade St St Paul MN 55106
Street City State Zip

Business Phone #: 617-749-2075 Email Address: [REDACTED]

Applicant Information

Applicant Name: Jose Daniel Castro Bravo
First Middle Last

Title: Owner Date of Birth: [REDACTED]

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

Home Address: [REDACTED]

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: _____
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

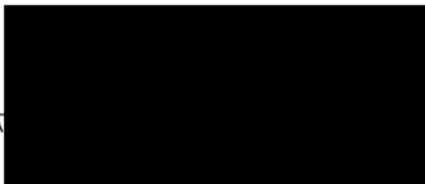
Title: _____ Email: _____

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 2/28/24