



# CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS  
 375 JACKSON STREET, SUITE 220  
 ST. PAUL, MINNESOTA 55101-1806  
 Phone: 651-266-8989 Fax: 651-266-9124  
 Visit our Website at: 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: (Office Use Only)	Fees
Auto Body Repair / Painting Shop	431.00
Auto Repair	431.00
Alarm Permit	27.00
<b>Total</b>	

Anticipated Date of Opening: 8 / 11 / 15 Company Name: GACAL Auto Body & Repair Inc

Business Name (DBA): GACAL Auto Body & Repair Business Phone: \_\_\_\_\_

Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 1 / 1

Business Address (business location): 363 AT Water St, ST PAUL MN 55117  
Street (#, Name, Type, Direction) City State Zip + 4

Mail To Address (if different than business address): \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: JIHAD ABDI GNRADO Owner  
First Middle (Maiden) Last Title

Home Address: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip + 4

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ Email: gacalautoBody@yahoo.com

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES NO

Date of Arrest: \_\_\_\_\_ Where? \_\_\_\_\_

Charge: \_\_\_\_\_

Conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_

List licenses which you currently hold, formerly held, or may have an interest in: Auto Repair Auto Body Repair  
2929 University Ave SE MPLS MN 55414

Have any of the above named licenses ever been revoked? YES NO If yes, list the dates and reasons for revocation:

Are you going to operate this business personally? YES NO If not, who will operate it?

Liban Bashir Abdikadir  
First Name Middle Initial (Maiden) Last Date of Birth

Home Address: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**APPLICANT INFORMATION (Continued) :**

Are you going to have a manager or assistant in this business?  YES  NO If the manager is not the same as the Operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)

GICAL Auto Body  
2925 University Ave SE Mpls MN 55414

List all other officers of the corporation (use additional pages if necessary):

Officer Name Title Home Address Home Phone Business Phone Date of Birth

Liban Abdikader

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

Jihad ABDI GARADU  
First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

First Name Middle Initial (Maiden) Last Date of Birth

Liban Bashir Abdikader

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**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.

**CONSENT TO BACKGROUND CHECK**

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature (Required) Owner Title Owner Date 8/11/15

**All Class N applications must be submitted with the following documents:**

1. Provide a copy of your executed (signed) rental lease and/or assignment and, if intended use not specified in lease, a letter of permission from the landlord to allow this type of business operation on the premises. Otherwise, provide a copy of your Purchase Agreement and/or Bill of Sale for the property.
2. If incorporated or a partnership, provide proof of current filing status with the Office of the Minnesota Secretary of State and documentation outlining ownership distribution and/or allocation of corporate shares.