

Received Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

JUN 0 6 2024

Payment must be received with each City of Saint Paul - DSI review by the public.

This applicat	tion requires District Council n	otification prior to submiss	ion.	
Types of Lice	Fee(s):			
1	Auto Repour Gara		7	507.00
2.	Dredlership			
3.	2 nd Hand Dea	ler-Motor Veh	icle Parts	507,50
4				
5				
6.				
7.				
Business Inforr	mation		Total:	\$-0.00- 014.22
Business Ad	Idress: 905 randolph	ave Stpan	Stat	——————————————————————————————————————
	Name: Wizarad > Auto			Auto Repow
Company	/ Type: Corporation 🔘	Partnership 🔘	Sole Propriet	orship 🔘
Date of Incorpor	ration:	Date of Anticipated	Opening:	
Mailing Ad	Idress: 985 randolph	ave Stroyol	Stat	5518Z
Business Ph	ione #: <u>(657- 739 - 90 (</u>	<u>A</u> Em	ail Address:	
Applicant In	formation		<u> </u>	
Applica	nt Name: Moranc d	Said	Mohamed	
	Title: Owner		e of Birth:	
Drivers Li	cense	Email:		
Home Ad	dress:			
€ell Pho	one a	Alternat	e Phone #:	

Supplemental Required Information Are you going to operate this business personally? If no, who will operate it? **Operator Name:** Home Address: State Email Address: . _____ Phone #: ____ Date of Birth:___ Yes: (Are you going to have a manager or assistant in this business? If manager is not the same as the operator, please complete the following information: Manager Name: Home Address: State Phone #: ____ **Email Address:** Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: Middle Title: ______ Email: _____ Home Address: Street Date of Birth: Phone #: _____ Middle Officer Name: ______ Email: _____ Title: Home Address: Street Date of Birth: _____ Phone #: _____ Middle Officer Name: _____ Email: ____ Home Address: Street

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

Phone #: _____

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.

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	THIC	Date