



**CITY OF SAINT PAUL**  
 Department of Safety and Inspections  
 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. Auto Repair / Auto Body 469.<sup>00</sup>
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ -

**Business Information**

Business Address: 931 Atlantic St. suite I, St. Paul, MN 55106  
Street City State Zip

Company Name: David Hee Doing Business As: Fan Auto

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 1 1 Anticipated Opening: 11 1 22

Mailing Address: 931 Atlantic St. suite I, St. Paul, MN 55106  
Street City State Zip

Business Phone: 651-442-5949 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: David Alex Hee  
First Middle Last

Title: owner Date of Birth: 1 1

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_  
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: \_\_\_\_\_  
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: David Allee Hen  
First Middle Last

Title: owner 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.

Applicant Signature: \_\_\_\_\_ Title: Owner Date: 9/21/22