SAINT PAUL



250000076

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi

City of Saint page

| | of Sain | of the | | |
|----------------------|---|------------------------------|---------------------|--------------|
| This application req | ાં બે Sain uires District Council notifica | tion prior to submission. | | |
| Types of License(s) | being applied for: | | Fee(s): | |
| 1. M)ec | car dealersh | 10. | | 27, |
| 2. | | | | |
| 3. | | | | |
| 4 | | | | |
| 5. | | | | |
| 6. | | | | |
| 7 | | | | |
| | | | Total: \$ 0. | 00 |
| Business Information | 1 | | | |
| Business Address: | 378 Lomo ave | Saint paul | MN State | 55103 Zip |
| Company Name: | Pristive motors | Doing Business As: | | |
| | Corporation O | Partnership 🔘 | Sole Proprietorshi | ρ 🚳 |
| | | Date of Anticipated Opening: | 2.1.25 | |
| | | Salnt paul | MN | 5503 |
| | US1252.1347 | Email Address | s: <u>Pristinem</u> | OUTION, CON |
| | | | | OUTTOOK, WA |
| Applicant Informa | ation Brenda | 2m | elas | |
| Applicant Nan | ne: Brenda First Dwner | Middle Date of Birth: | Last | |
| | Booter | | | |
| Drivers Licenses | | | | |
| Home Address: | | | | |
| Cell Phone #: | | | | |

Supplemental Required Information

Are you going to operate this business personally? If <u>no</u>, who will operate it?



No:

| Operator Name: | | Mide | lo . | Last | | |
|--|---------------------|---------------------|-------------------|--------------------|-------|-----|
| | | | | | | |
| Home Address: | treet | | City | | State | Zip |
| | | | | _ Email Address: _ | | |
| | | | | No: | | |
| you going to have a m | ıanager or assistan | t in this business? | Yes: (| | | |
| nanager is <u>not</u> the sam | e as the operator, | please complete th | ne following info | ormation: | | |
| | | | | | | |
| First | | | dle | Last | | |
| Home Address: | | | - Ch | Email Address: | State | Zip |
| Stre | et | D I | City | Email Address: | 5.012 | |
| Date of Birth: | | Phone #: | | | | |
| | ee e . l | maration / Attac | h another sh | eet if applicable. |) | |
| ease list all other o | fficers of the co | rporation (Attac | ii another sii | | | |
| Officer Name | | | | | | |
| Officer Name: _ | First | Mic | idle | Last | | |
| Title: | | | Email: | | | |
| | | | | | | |
| Home Address: . | Street | | City | | State | Zip |
| | | | | | | |
| Date of Birth: | | Priorie # | | | | |
| | | | | | | |
| Officer Name: | First | M | ddle | Last | | |
| wister. | 11100 | | Email: | | | |
| | | | | | | |
| Home Address: | Street | | City | | State | Zip |
| | | | | | | |
| Date of Birth: | | Phone #: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | 1 | | |
| Officer Name: | First | N | iiddle | Last | | |
| | First | N | | Last | | |
| Officer Name: Title: | | N | Email: | | | 71 |
| Officer Name: | | | | | State | Zip |
| Officer Name: Title: Home Address: | | | Email: | | | Zip |

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.

| representing the planning district in which my backness the property | | |
|--|-------|---------|
| | owner | 1.13.25 |
| | Title | Date |
| Applicant Signature | | |