

20170002057

9/11



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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 Garage License 453.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 453.00

Business Information

Business Address: 1324 Arcade Saint Paul MN 55101
Street City State Zip

Company Name: DriveTime Auto Repair LLC Doing Business As: SAME

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 6 / 7 / 2017 Anticipated Opening: 8 / 14 / 2017

Mailing Address: _____
Street City State Zip

Business Phone: Not Established Fax Number: _____

Applicant Information

Applicant Name: Michael Edward Frits
First Middle Last

Title: President Date of Birth: _____

Drivers License: _____ Email: rocketspec@gmail.com

Home Address: _____
Street City State Zip

Cell Phone: 651-788-0907 Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes:

X

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:

None

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.

Applicant Signature

✓

Title

President

Date

6-8-2017