

1/23/20
to enter
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SAINT PAUL
SAFETY & INSPECTIONS

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.



This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Second Hand Dealer - Motor Vehicle 507.00
- 2. Auto Repair Garage 507.00
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$0.00 / 1014.00

Business Information

Business Address: 803 Earl St, St Paul Mn 55106
Street City State Zip

Company Name: Earl Street Auto Sales And Doing Business As: Same
Repairs LLC

Company Type: Corporation Partnership Sole Proprietorship LLC

Date of Incorporation: _____ Date of Anticipated Opening: 1/23/20

Mailing Address:

Business Phone #: 209-445-8834 Email Address: earlstreetauto@gmail.com

Applicant Information

Applicant Name: Sunde Ngoh Neah
First Middle L

Title: owner Date of Birth:

Drivers License:

Home Address:

Cell Phone #:

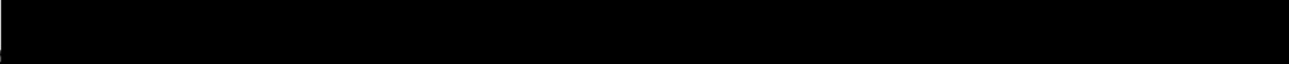
Supplemental Required Information

Are you going to operate this business personally? Yes: No:

If no, who will operate it?

Operator Name: Sunde Ngoh Nyah

Home Address: 

Date of Birth: 

Are you going to have a manager?

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 #: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

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 #: _____

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representative in which my name is on the list.

Applicant:  Title: Owner Date: 01/02/2025