

940

20190001657



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

RECEIVED IN D.S.I.

JUN 06 2019

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 Body Repair/Painting 453.⁰⁰
- b. ~~Auto Repair Garage~~ ~~453.⁰⁰~~
- c. ~~Alarm~~ Withdrawn
- d. _____ 7/16/19 (940)
- e. _____
- f. _____
- g. _____

Total: \$

Business Information

Business Address: 1346 Arcade St. St. Paul MN 55106
Street City State Zip

Company Name: Arcade Auto Body, LLC Doing Business As: Same

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 6/7/19 Anticipated Opening: / /

Mailing Address: _____

Business Phone: 651-230-1145 Fax Number: _____

Applicant Information

Applicant Name: Charles Woodrow Belcher
First Middle Last

Title: owner Date of Birth: _____

Drivers License: _____ ill: _____
State License #

Home Address: _____

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:

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.

Applic

Title

Date

Owner

6-6-19