



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

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LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
 RECEIVED IN D.S.I.
 This application is subject to review by the public.

Types of License(s) being applied for:

APR 29 2021

Fee(s):

- a. Auto Repair Garage 402.00
- b. Alarm Permit 39.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: **\$501.00.**

Business Information

Business Address: 186 W Forbes Ave St. Paul MN 55102
Street City State Zip

Company Name: CJTunes LLC Doing Business As: _____

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 12 / 10 / 2015 Anticipated Opening: ASAP

Mailing Address: _____
Street City State Zip

Business Phone: 651 900 0209 Fax Number: _____

Applicant Information

Applicant Name: Carl James Thomas
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ 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: X No: _____

If manager is not the same as the operator, please complete the following information:

Manager Name: Ashley Ann Keller

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.

Applicant Signature

_____ OWNER

Title

_____ 4/27/21

Date