

2113

2019 0001224



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](http://www.stpaul.gov/dsi)

RECEIVED IN D.S. Class "N" License Application

MAY 02 2019

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 453.<sup>00</sup>
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ -

Business Information

Business Address: 290 Larch St St. Paul MN 55117  
Street City State Zip

Company Name: JME Transit, Inc Doing Business As: \_\_\_\_\_

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 05/19/2015 Anticipated Opening: 1/1

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: 612 208-0237 Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: Jeffrey Robert Dufresne  
First Middle Last

Title: President 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: Tria \_\_\_\_\_ Vang \_\_\_\_\_  
First Last First 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: ~~X~~ Tria \_\_\_\_\_ Vang \_\_\_\_\_  
First Middle Last

Title: Manager/owner 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.

\_\_\_\_\_  
President  
Title

\_\_\_\_\_  
Date