

Add to Lic ID # 20140001093



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 453.00

b. Auto Body Repair (No painting) 453.00

c. Pro rate New Licenses

d. Eff. 1/1/18 to 7/8/18

e. _____

f. _____

g. _____

Total: \$ _____

Business Information

Business Address: 357 Como Ave Saint Paul MN 55103
Street _____ City _____ State _____ Zip _____

Company Name: GLOBAL AUTO USA Doing Business As: EFME

Company Type: Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____

Date of Incorporation: 01/28/2011 Anticipated Opening: 01/01/18

Mailing Address: 365 Como Ave Saint Paul MN 55103
Street _____ City _____ State _____ Zip _____

Business Phone: 651-235-2701 Fax Number: 651-493-3243

Applicant Information

Applicant Name: RAMIUS — SOMBROVSKY
First _____ Middle _____

Title: President Date _____

Drivers License: _____ Email: RAIUSA@MSN.COM
State _____ License # _____

Home Address: _____ City _____ State _____ Zip _____

Cell Phone: _____ Alternate Phone: _____

*Description operations to be added

(Continued on back)

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: WIA First _____ Middle _____ Last _____

Title: _____ Email: _____

Home Address: Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____ Phone: _____

Officer Name: WIA First _____ Middle _____ Last _____

Title: _____ Email: _____

Home Address: Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____ Phone: _____

Officer Name: WIA First _____ Middle _____ Last _____

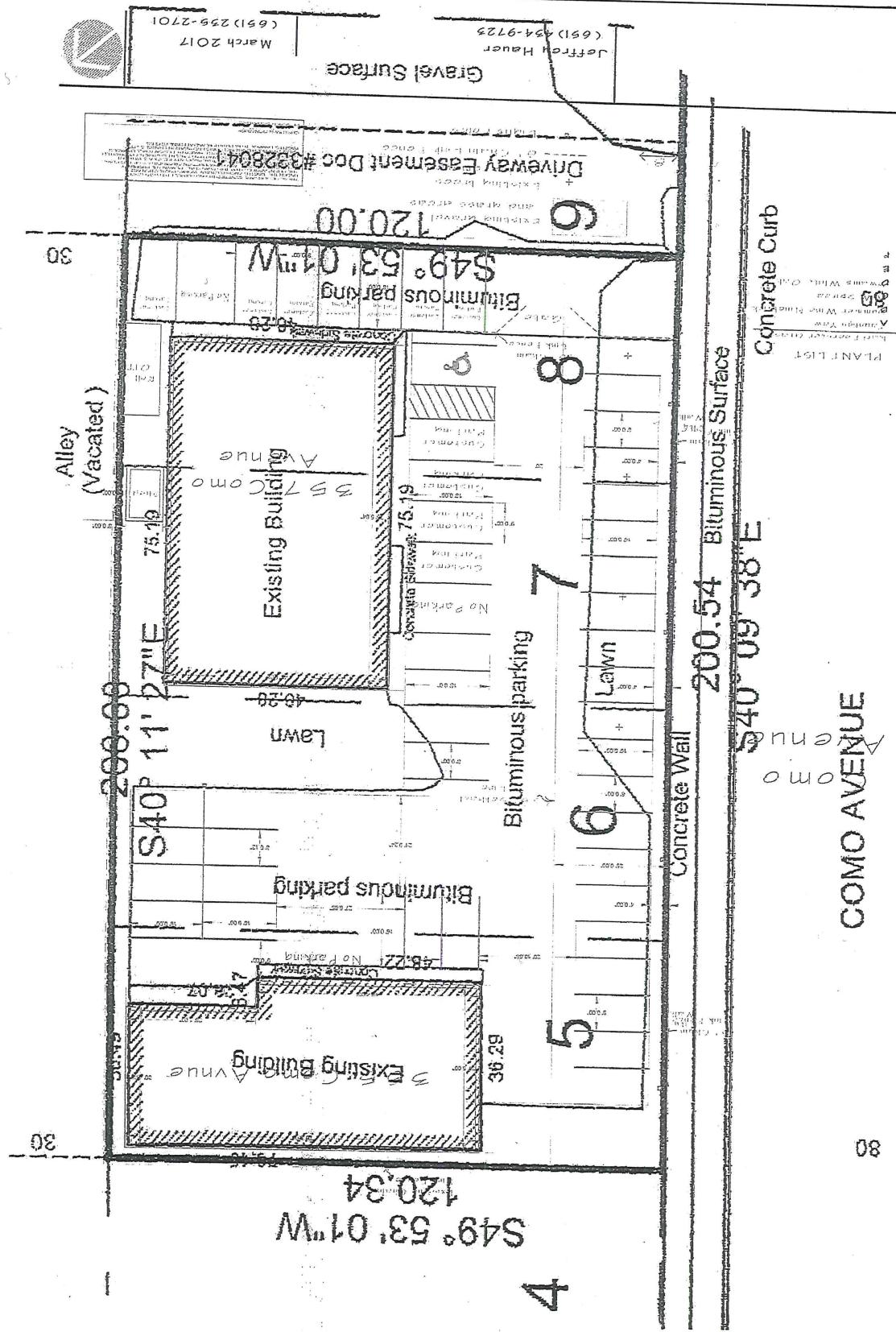
Title: _____ Email: _____

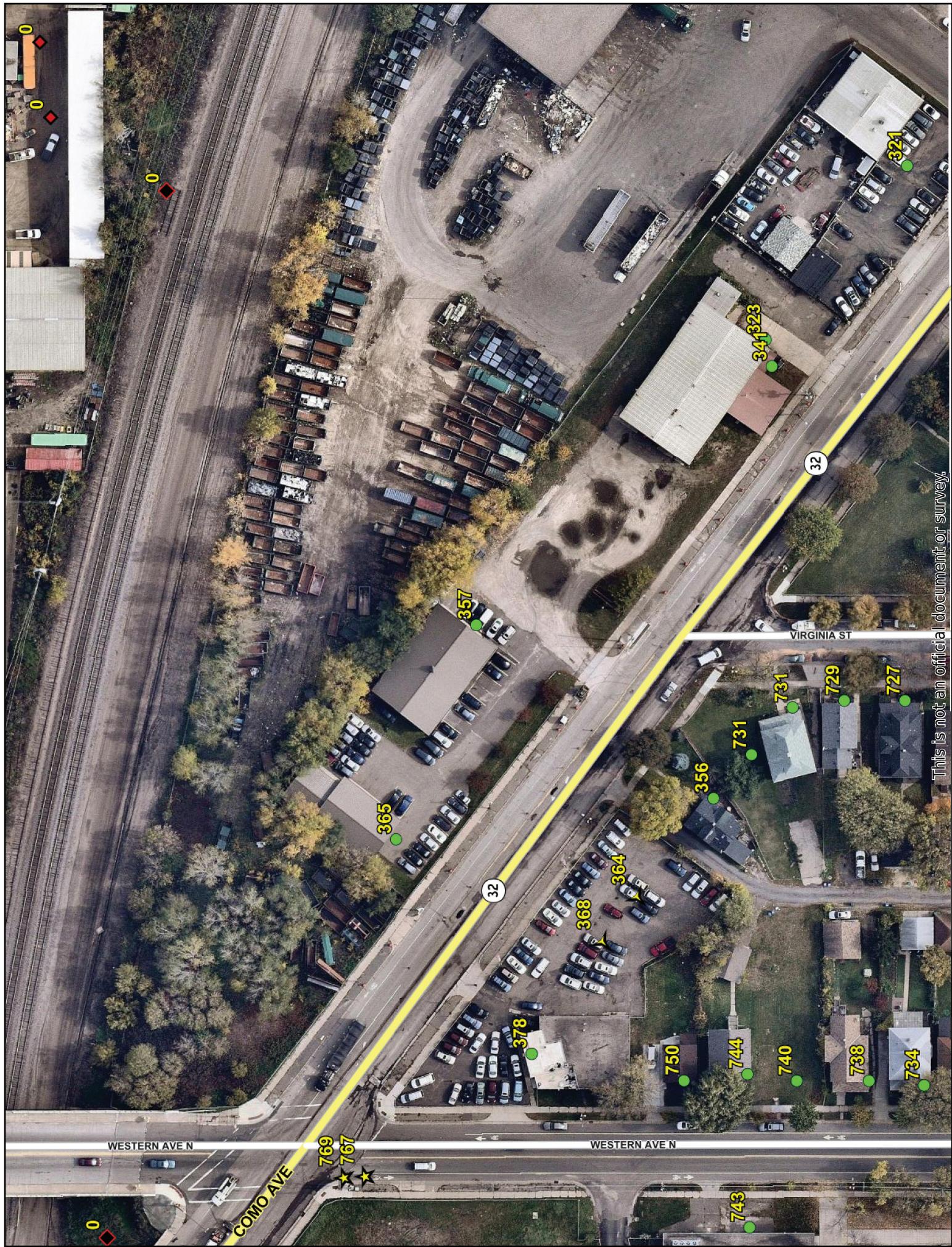
Home Address: Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____ Phone: _____

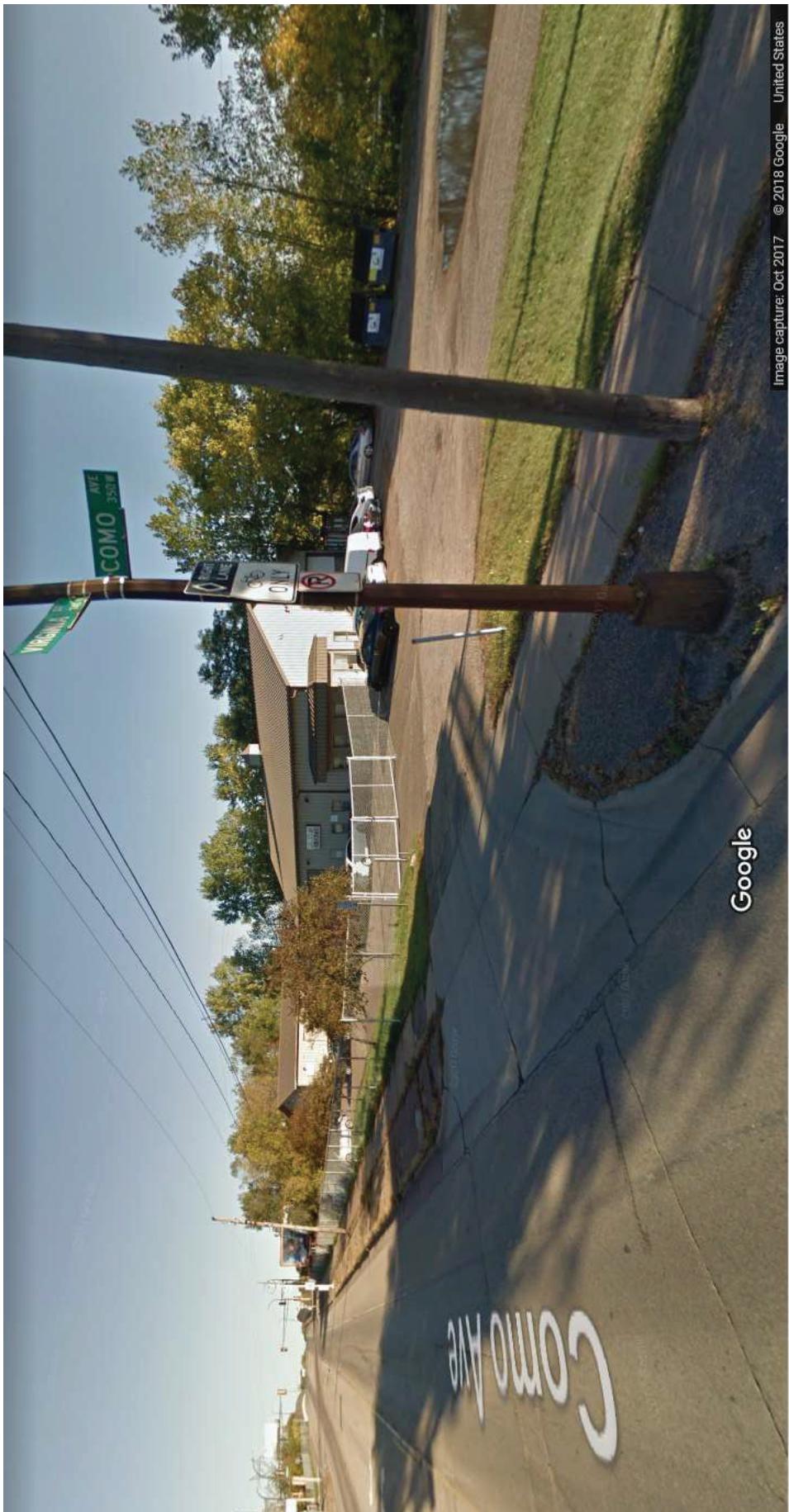
FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION.

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.

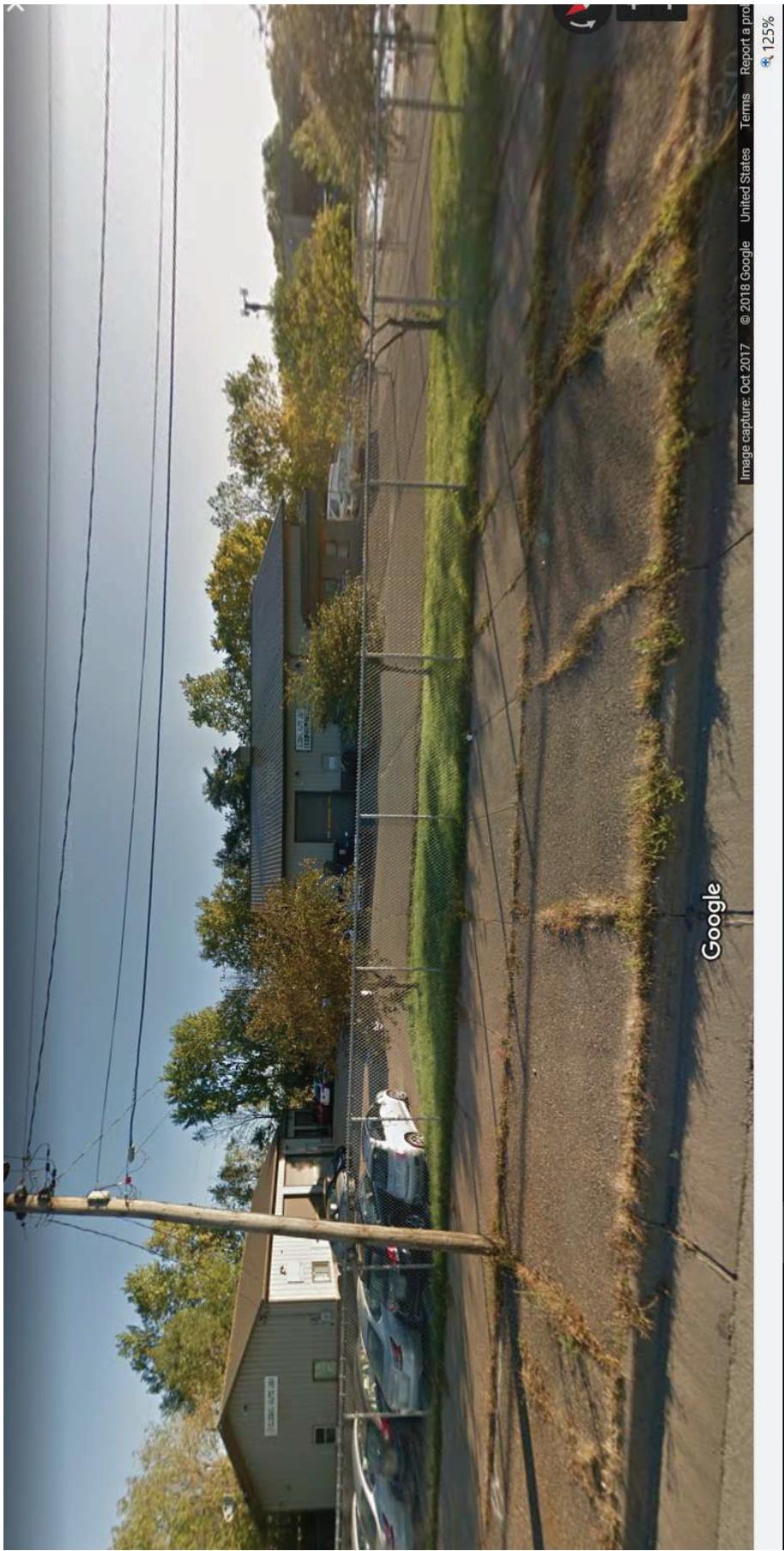




This is not an official document or survey.



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