

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: same

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: RAIMUND — DOMBROVSKI
First Middle Last

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: 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: _____

No: X

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 N/A Middle _____ Last _____

Title: _____

Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____

Phone: _____

Officer Name:

First N/A Middle _____ Last _____

Title: _____

Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____

Phone: _____

Officer Name:

First N/A 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.

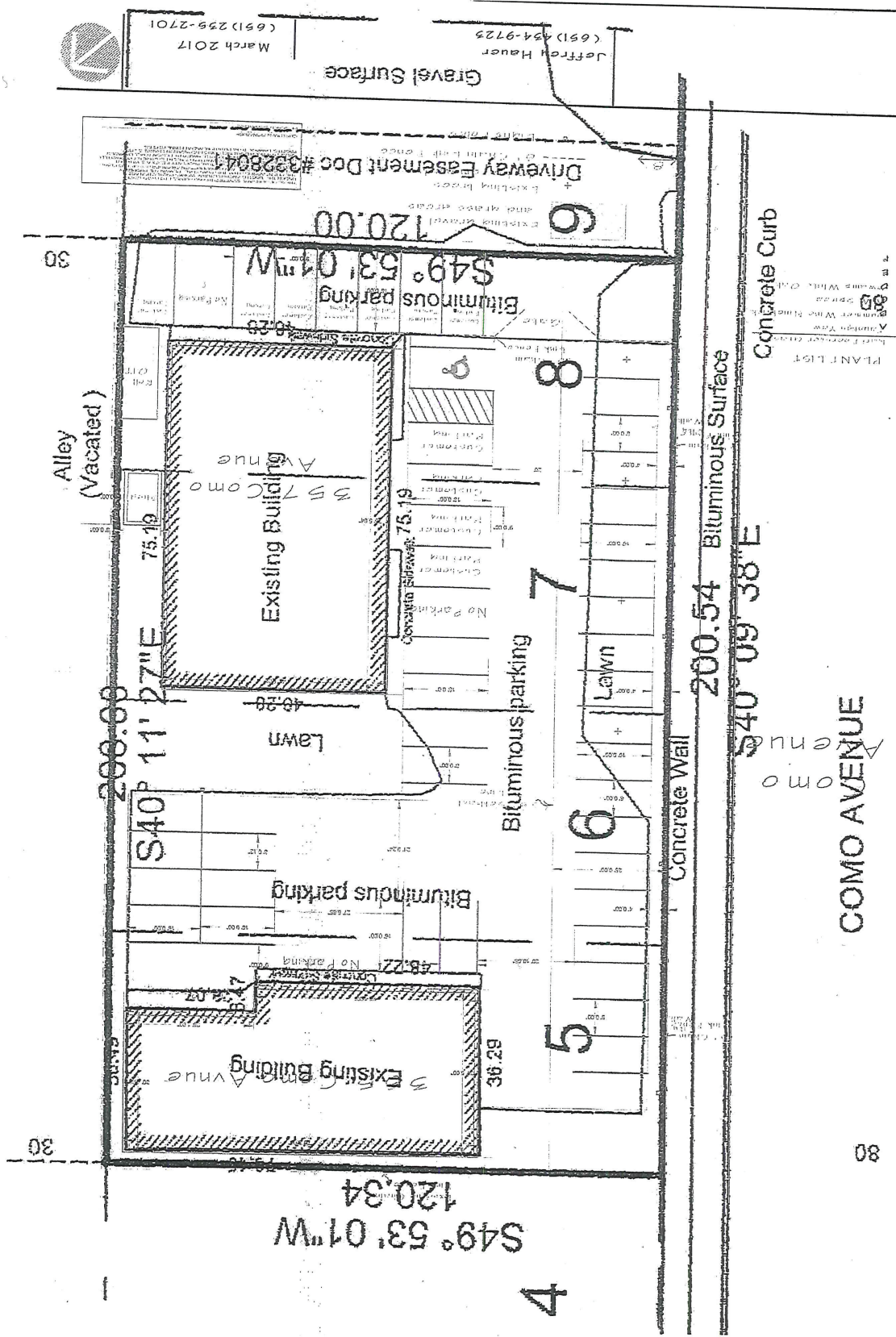
I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

App' _____

President

Date

10-17-17



PLAN LIST
 89
 88
 87
 86
 85
 84
 83
 82
 81
 80

COMO AVENUE

200.54 Bituminous Surface
 540° 09' 38" E

Concrete Wall

200.54 Bituminous Surface

Concrete Curb

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

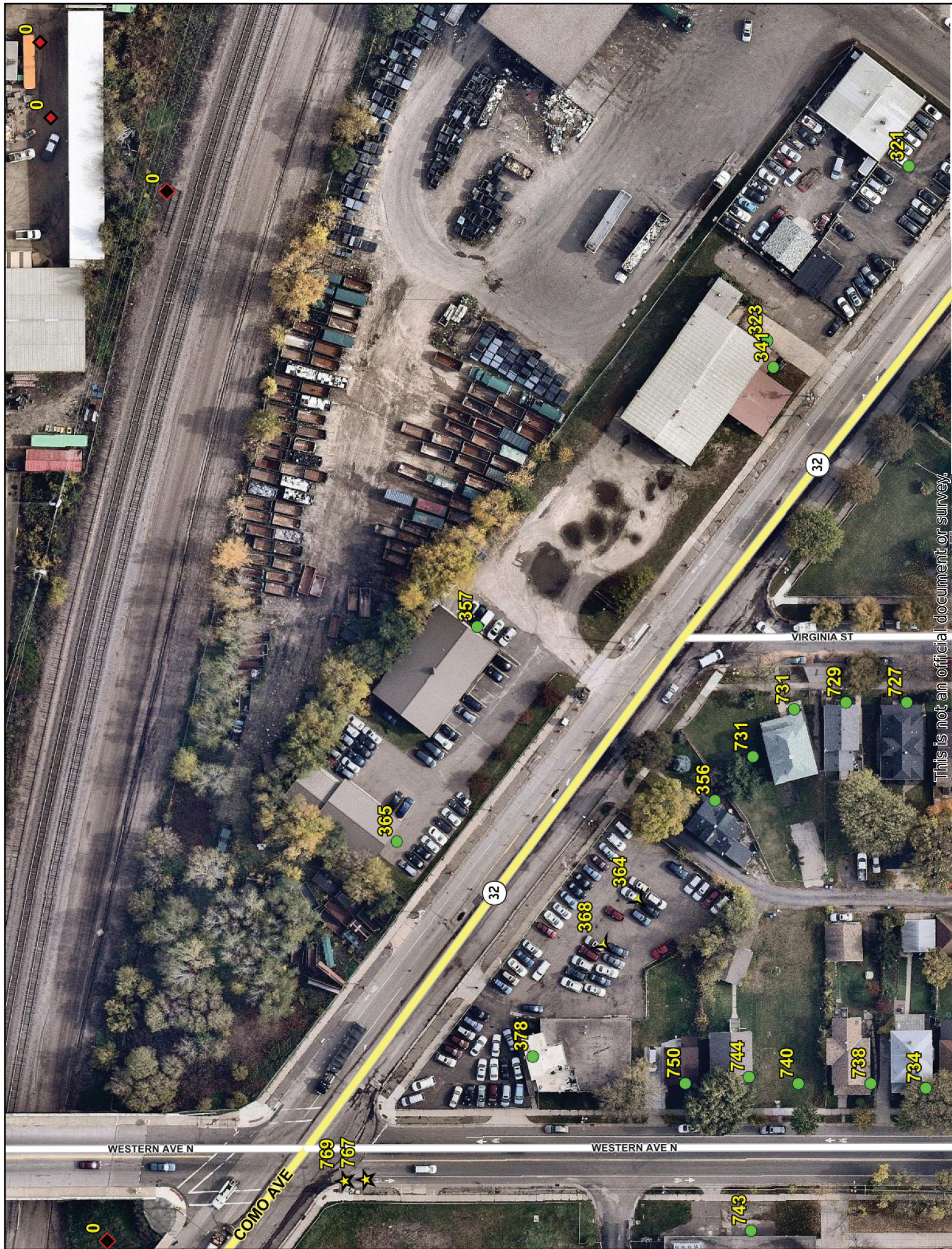
270

271

272

273

274



This is not an official document or survey.

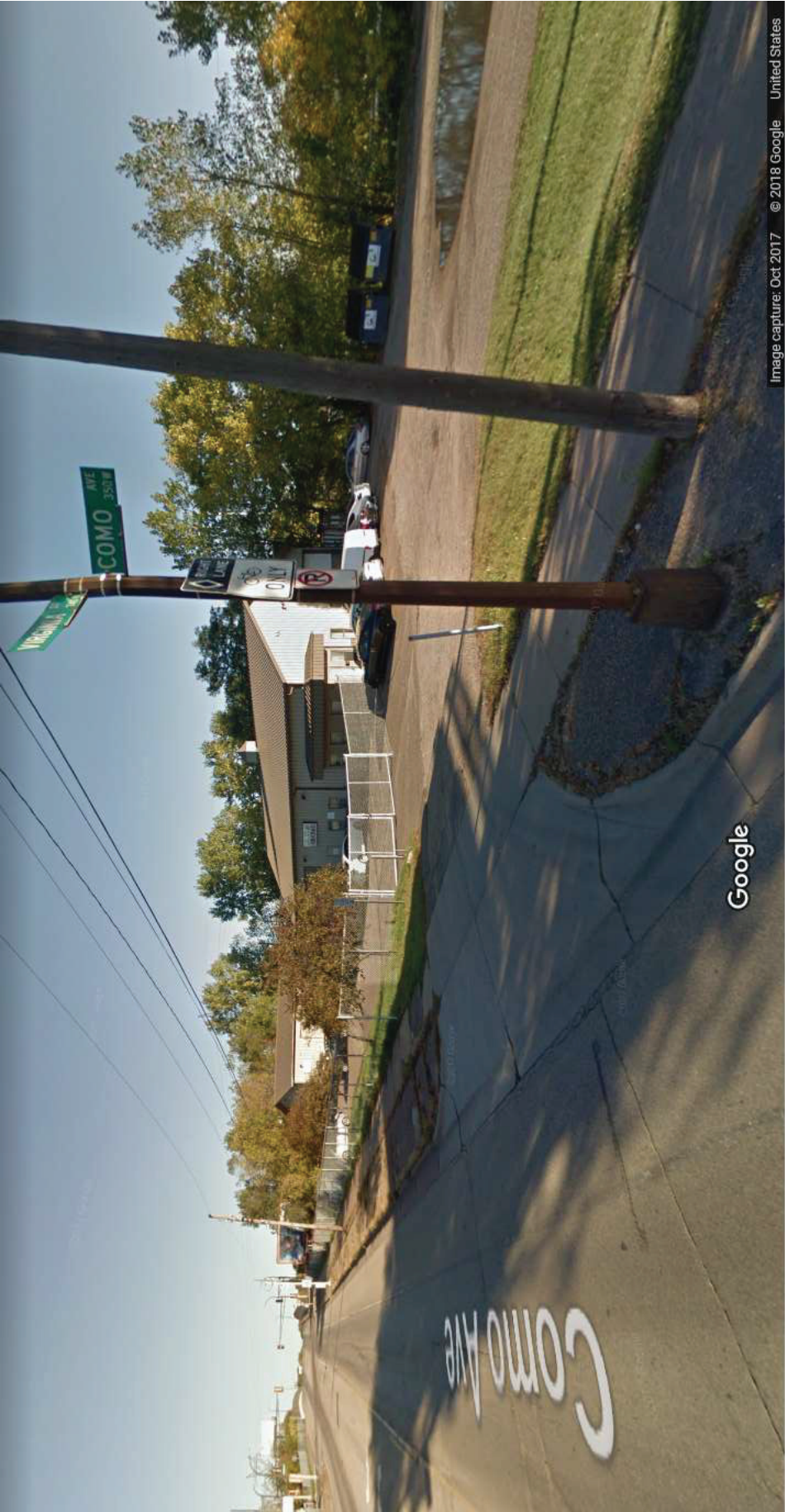


Image capture: Oct 2017 © 2018 Google United States

