

Rec'd in DSI 20200001862
7/29/20 EM



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 \$ 462.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 462.00

Business Information

Business Address: 475 COMO AVE ST. PAUL MN 55103
Street City State Zip

Company Name: METRO DIESEL MECHANIC LLC Doing Business As: SAME

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X LLC

Date of Incorporation: 05 / 27 / 2020 Anticipated Opening: 09 / 15 / 2020

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: ABDI IBRAHIM ABDI
First Middle Last

Title: OWNER Date of Birth: / /

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: 763 442 3467 Alternate Phone: NONE

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: _____ No: X

If no, who will operate it?

Operator Name: NABIL ABDI FARAH
First

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: NABIL ABDI FARAH
First

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: _____ Date: 07/13/2020