



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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.

**This application requires District Council notification prior to submission.**

**Types of License(s) being applied for:**

**Fee(s):**

- 1. Auto Repair Shop 507.<sup>00</sup>
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Total:** \$ 0.00

#### Business Information

**Business Address:** 1200 West 7<sup>th</sup> Street, St. Paul, MN 55102  
Street City State Zip

**Company Name:** Muler Auto Repair LLC **Doing Business As:** Same

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

**Date of Incorporation:** 5/5/2002 **Date of Anticipated Opening:** 3/8/2024 or sooner

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

**Business Phone #:** \_\_\_\_\_ **Email Address:** mulerauto600@gmail.com

#### Applicant Information

**Applicant Name:** Malageta Zemicael Mosazghi  
First Middle Last

**Title:** Owner **Date of Birth:** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
State License #

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Cell Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

### Supplemental Required Information

Are you going to operate this business personally?  
If no, who will operate it?

Yes:

No:

Operator Name: \_\_\_\_\_  
First Middle Last

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

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representative in the jurisdiction in which my business will operate.



Owens  
Title

January 8, 2003  
Date

Applica