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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

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 453.⁰⁰
- 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

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