

20250001040



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

## 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 Body Repair/Painting Shop | 507   |
| 2. Auto Repair Garage             | 507   |
| 3. _____                          | _____ |
| 4. _____                          | _____ |
| 5. _____                          | _____ |
| 6. _____                          | _____ |
| 7. _____                          | _____ |

Total: **\$ 1,014.00**

### Business Information

Business Address: 440 W Minnehaha Ave Saint Paul MN 55103  
Street City State Zip  
 Company Name: Eagle Auto Body LLC Doing Business As: Eagle Auto Body LLC  
 Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: 07/14/2025

Mailing Address: 440 W Minnehaha Ave Saint Paul MN 55104  
Street City State Zip

Business Phone #: (612) 245-3703

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

### Applicant Information

Applicant Name: Kamal Ahmed  
First Middle Last

Title: President

Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State License #

Email: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

## 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 #:

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 representing the planning district in which my business will operate.

President

Title

06/18/2025

Date