

20170003842



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](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.

Types of License(s) being applied for:

Fee(s):

- a. Used Motor Vehicle sales \_\_\_\_\_
- b. Second Hand Dealer - Motor Vehicle \_\_\_\_\_ 453.00
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 453.00 -

#### Business Information

Business Address: 670 Pelham Blvd. #120 St. Paul MN 55114  
Street City State Zip

Company Name: Sally's Automotive, Inc. Doing Business As: N/A

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 8/14/17 Anticipated Opening: 10/1/17

Mailing Address: 670 Pelham Blvd. #120 St. Paul MN 55114  
Street City State Zip

Business Phone: 651-331-1432 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Ryan William Duffy  
First Middle Last

Title: President Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_  
 Email: ryanduffy340@gmail.com

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

Cell Phone: 651-331-1432 Alternate Phone: \_\_\_\_\_

Supplemental Required Information

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

If no, who will operate it?

Operator Name: N/R  
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: Ryan William Duffy  
First Middle Last

Title: President Email: nyanduffy340@gmail.com

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

Date of Birth: \_\_\_\_\_ Phone: 651-331-1432

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

\_\_\_\_\_  
Title President Date 8-23-17

9-9/25/17-Lab