

Add to Lic ID # 20140001093



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 453.00
- b. Auto Body Repair (No painting) 453.00
- c. prorate new licenses _____
- d. EFF. 1/1/18 to 7/8/18 _____
- e. _____
- f. _____
- g. _____

Total: \$ _____

Business Information

Business Address: 357 COMO Ave Saint Paul MN 55103
Street City State Zip

Company Name: GLOBAL AUTO USA Doing Business As: SAME

Company Type: Corporation _____ Partnership _____ Sole Proprietorship LLC

Date of Incorporation: 01.28.2011 Anticipated Opening: 01.01.18

Mailing Address: 365 COMO Ave Saint Paul MN 55103
Street City State Zip

Business Phone: 651-235-2701 Fax Number: 651-493-3243

Applicant Information

Applicant Name: RAIMUNDS — DOMBROVSKI
First Middle

Title: President Date: _____

Drivers License: _____ Email: RAIUSA@MSA.COM
State License #

Home Address: _____
City State Zip

Cell Phone: _____ Alternate Phone: _____

*Description operations to be added

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:

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:

 N/A
First _____ Middle _____ Last _____

Title: _____

Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: / /

Phone: _____

Officer Name:

 N/A
First _____ Middle _____ Last _____

Title: _____

Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: / /

Phone: _____

Officer Name:

 N/A
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.

App' _____

 President

Date

 10-17-17