

940

20190001657



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](http://www.stpaul.gov/dsi)

RECEIVED IN D.S.I.

JUN 06 2019

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 Body Repair/Painting 453.<sup>00</sup>
- b. ~~Auto Repair Garage~~ ~~453.<sup>00</sup>~~
- c. ~~Alarm~~ Withdrawn
- d. \_\_\_\_\_ 7/16/19 (940)
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$                     

Business Information

Business Address: 1346 Arcade St. St. Paul MN 55106  
Street City State Zip

Company Name: Arcade Auto Body, LLC Doing Business As: Same

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 6/7/19 Anticipated Opening:    /   /   

Mailing Address: \_\_\_\_\_  
Business Phone: 651-230-1145 Fax Number: \_\_\_\_\_  
Street

Applicant Information

Applicant Name: Charles Woodrow Belcher  
First Middle Last

Title: owner Date of Birth: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
st

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 #: \_\_\_\_\_

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: \_\_\_\_\_

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.

Applic

Title

Date

*Owner*

*6-6-19*