



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
 375 JACKSON STREET, SUITE 220
 ST. PAUL, MINNESOTA 55101-1806
 Phone: 651-266-8989 Fax: 651-266-9124
 Visit our Website at: 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: (Office Use Only)

Fees

AUTO REPAIR

431.00

Total

431.00

Anticipated Date of Opening: 10/15/10

Company Name: Pet Enterprises MOTOTECH INC. (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: May of 2006

Business Name (DBA): PET ENTERPRISES AUTO REPAIR Business Phone: (651) 247 2359

Business Address (business location): 18 Acker St. E St. Paul, MN 55117
 Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? Jackson Street Which side of the street? Left

Mail To Address (if different than business address): _____
 Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title: Patrick E. Nowakowski CEO
 First Middle (Maiden) Last Title

Home Address: _____
 Street (#, Name, type, Direction) City State Zip + 4

Date of Birth: _____ Home Phone () _____

Driver License: _____

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ NO

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: Second hand Dealer
509 COMO.

Have any of the above named licenses ever been revoked? _____ YES NO If yes, list the dates and reasons for revocation: _____

Are you going to operate this business personally? YES _____ NO If not, who will operate it? _____

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? _____ YES NO If the manager is not the same as the Operator, please complete the following information:

First Name	Middle Initial	(Maiden)	Last	Date of Birth
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Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
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Patrick Takumay					
Kerenge AKO-Ebot					

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
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Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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First Name	Middle Initial	(Maiden)	Last	Date of Birth
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Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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MINNESOTA TAX IDENTIFICATION NUMBER

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: _____

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications)

Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – "1" is most preferred):

Phone Number with area code: () Extension _____

Check the type of Phone Number listed above: Business Home Cell Fax Pager

Phone Number with area code: () Extension _____

Check the type of Phone Number listed above: Business Home Cell Fax Pager

Mail: _____
Street (#, Name, Type, Direction) City State Zip + 4

Internet: PeterEnterprises2008@yahoo.com
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of incorporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

**** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. ****

Signature of Cardholder (required for all charges): _____

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Expiration Month/Year ▶▶				
Enter Account Number ▶					