



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

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:

Add To Lic ID # 20190001657

Fee(s):

- a. *Second Hand Dealer - Motor Vehicle* 469.00
- b. *Auto Repair Garage* 469.00
- c. _____
- d. _____
- 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: Arcade Auto Repair
Arcade Auto Sales

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Date of Incorporation: / / Anticipated Opening: / /

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

Business Phone: 651-230-1145 Fax Number: _____

Applicant Information

Applicant Name: Charles Woodrow Belcher
First Middle Last

Title: Owner Date of Birth: / /

Drivers License: _____
State License #

Home Address: _____
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 #:

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.

Applicant's Signature

Title

Date

Owner

10-25-2022