

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.

This application requires District Council notification prior to submission.

Types of License	(s) being applied for:		Fee(s):	
1. AU	D Repair Garage		\$ 5	07.00
3				
4				
5.				
6				
7.				
			Total: \$ 0	.00
Business Information	on			
Business Address	s: IIII Payne Ave	St. Paul	M M State	55136 Zip
Company Name	e: Dave's Exhaust and Aut	Doing Business As: _	Auto Repair	and Exhaust
Company Type	e: Corporation	Partnership 🚫	Sole Proprietorshi	ip 🔘
Date of Incorporation	n: April 28, 2025	Date of Anticipated Opening:	April 29, 20	25
Mailing Address	s: III Payne Ave	St. Paul	M N State	55130 Zip
	#:(0.51-178-0887		ss: Daves exhausta	
Applicant Inform	nation			
Applicant Na	me: (ravis	Middle	Last	
Title	: Co-owner	Date of Birth:	_	_
Drivers License	2			
Home Address				
Cell Phone #				

Supplemental Required Information				
Are you going to operate this business pe If <u>no</u> , who will operate it?	ersonally? Yes:	No:		
Operator Name:	michgal	Redersen	_	
Home Addres	MAGIN	130		
Date of Birth:				
Are you going to have a manager or assis	tant in this pusiness:	163.		
If manager is <u>not</u> the same as the operate	or, please complete the foll	owing information:		
Manager Name: First	Middle	Last		
Home Address:				
Street Date of Birth:	Phone #:	City Email Address:	State	Zip
Please list all other officers of the	corporation (Attach and	other sheet if applicable.)	
Officer Name:	Middle	Horke	Ц	
First (ACCOLANGE				
"				
Home Add				
Date of Bi				
Officer Name:	Middle	Last		
Title:	Email:			
			State	7:
Street	DI #-	City	State	Zip
Date of Birth:	Phone #:			
Officer Name:				
First	Middle	Last		
Title:	Email:			
Home Address: Street		City	State	Zip
	Phone #:	-		
FALSIFICATION OF ANSWERS GIVEN O			APPLICATIO	DN .
I hereby state that I have answered all of the pred	ceding questions and that the info	rmation contained herein is true and	d correct to the	best of
my knowledge and belief. I also hereby state that	inave provided a completed Dist	net Council Notification Form to the	Gustrict Couricii	
	do o	1110001	3/10/	26
	Title	Wher	Date	