

20170004690



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

RECEIVED

DEC 08 2017

By: City of Saint Paul DSI

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
- b. ALARM PERMIT 38
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$491 -

Business Information

Business Address: 670 SNEILING AVE N ST PAUL MN 55104
Street City State Zip

Company Name: EPH AUTO LLC Doing Business As: SAME

Company Type: Corporation _____ Partnership _____ Sole Proprietorship ✓

Date of Incorporation: 1 / 1 Anticipated Opening: UPON APPROVAL

Mailing Address: _____ City State Zip

Business Phone: 612-703-5330 Fax Number: _____

Applicant Information

Applicant Name: EPHREM A HATLE
First Middle Last

Title: OWNER Date of Birth: _____

Drivers License: _____ email: _____

Home Address: _____ 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: NA
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? Self only

Yes: _____ No:

If manager is not the same as the operator, please complete the following information:

Manager Name: Same as operator.
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: NA ONE OWNER LLC.
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: NA
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

Officer Name: NA
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.

OWNER
Title

11/30/17
Date