



Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received

MAY 30 2023

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

OK to enter per JWF

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. AUTO BODY REPAIR / PAINTING SHOP LICENSE 469
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 469.00

Business Information

Business Address: 90 Dale St N St. Paul MN 55102-2039
Street City State Zip

Company Name: Classic Collision LLC Doing Business As: Classic Collision Summit Hill

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 01/03/2020 Date of Anticipated Opening: 12/02/2022

Mailing Address: _____
Street City State Zip

Business Phone #: (651) 221-0919 Email Address: ClassicCollision@avalara.com

Applicant Information

Applicant Name: Toan Nguyen
First Middle Last

Title: CEO/President Date of Birth: _____

Drivers License: _____ Email: _____
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: Steve

King

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

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: Josh

Hall

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Christopher

Bridgewater

First

Middle

Last

Title: Vice President

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name: Will

Costolnick

First

Middle

Last

Title: CFO

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

President

Title

4/20/2023

Date