

20180002916



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:

Fee(s):

- a. SECONDHAND DEALER LICENSE \$76
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- B. _____

Total: \$ 76⁰⁰ .

Business Information

Business Address: 741 University Ave W St Paul Minnesota 55104
Street City State Zip

Company Name: Thrifty Nifty LLC Doing Business As: Thrifty Nifty

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 1103118 Anticipated Opening: 811912018

Mailing Address: 741 University Ave West St Paul 55104
Street City State Zip

Business Phone: 612-201-2888 Fax Number: _____

Applicant Information

Applicant Name: Mary Ferguson Helen Ferguson
First Middle Last

Title: OWNER Date of Birth: 0512911964

Drivers License: M963199736812 Email: Mary066Ferguson@gmail.com
State License #

Home Address: 3109 Bloomington Ave So MPs 55407
Street City State Zip

Cell Phone: 612 203-6538 Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: X 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: X

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: _____ *N/A*
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.

Mary Ferguson
Applicant Signature

8/8/2018
Title Date