



Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

The of Saint Paul - DSI

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.

) being applied for:		Fee(s):	
1. 54	cond Hand P	lealer Motor V	chide	469.00
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			Total:	\$0.00 469.00
Business Information	ı			
Business Address:	1414 Arcade	St Stravl	MV Sta	55/06
Company Name:	Jimmy'S ANO.	Sales 11C Doing Busin	ness As: Jimmy	<i>i's Auto Sales</i> W
Company Type:	Corporation 🔘	Partnership 🔘	Sole Proprie	torship 🕖
Date of Incorporation:		Date of Anticipated	Opening:	
Mailing Address:	1414 Arcade S	t St Paul	\mathcal{M} Sta	55106 Zip
Business Phone #:	612-396-2828	Em	ail Address: _	
Applicant Informa	tion			
Applicant Name	e: Manuel	Middle	Grutierrez	Carrera
Title:	Owner	Date	e of Birth:	
Drivers License	State / License #	mail:	العقدتين المحتور الأفراد المحتور	the same of the sa
Home Address:	NUMBER OF COMMON AND ADDRESS OF THE PARTY OF			ZID
Cell Phone #:		Alternat	e Phone #:	(Gradul and Nils)

Are you going to have a manager or assistant in this business? Yes: No: No: Williams and the same as the operator, please complete the following information: Manager Name: First Middle Last Home Address: Street City State Zip Please list all other officers of the corporation (Attach another sheet if applicable.) Officer Name: First Middle Last Home Address: Street City State Zip Date of Birth: Phone #: Last Officer Name: First Middle Last Home Address: Street City State Zip Date of Birth: Phone #: Last Officer Name: First Middle Last Officer Name: Street City State Zip Date of Birth: Phone #: State Zip Officer Name: Street City State Zip	Date of Birth: Phone #: Email Address: No:	Date of Birth: Phone #: Email Address: you going to have a manager or assistant in this business? Yes: No: No:	Date of Birth: Phone #: Email Address: Are you going to have a manager or assistant in this business? Yes: No:
Are you going to have a manager or assistant in this business? Yes: No: No: No: No: No: No: No: No: No: No	Are you going to have a manager or assistant in this business? Yes: No: With 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 #: Email Address: 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 #: Email: Home Address: Street City State Zip Date of Birth: Phone #: Email: Home Address: Street City State Zip Date of Birth: Phone #: State Zip Date of Birth: Phone #: State Zip Date of Birth: Phone #: State Zip	you going to have a manager or assistant in this business? Yes: No: Anager is not the same as the operator, please complete the following information: Manager Name: First	Are you going to have a manager or assistant in this business? Yes: No: f manager is not the same as the operator, please complete the following information: Manager Name: First
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