

OK [Signature]

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

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

OCT 03 2023
City 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.

License(s) being applied for:	Fee(s):
1. <u>Auto Repair Garage</u>	<u>469.⁰⁰</u>
2. <u>Auto Body Repair/Paint</u>	<u>469.⁰⁰</u>
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Total: \$ 0.00	

Business Information

Business Address: 881 NEWCOMB ST. ST PAUL MN 55106
Street City State Zip

Company Name: BROTHERS AUTO REPAIR LLC Doing Business As: BROTHERS AUTO REPAIR

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 08/10/2023 Date of Anticipated Opening: 09/04/2023

Working Address: _____
Street City State Zip

Business Phone #: (651) 793-2366 Email Address: _____

Applicant Information

Applicant Name: BERSAIN MORALES ESCOBAR
First Middle Last

Title: CO-OWNER 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: _____
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: _____
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: BERSAIN MORALES
First Middle Last
Title: CO-OWNER Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

Officer Name: OSCAR MORALES
First Middle Last
Title: CO-OWNER 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 #: _____

DECLARATION 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 responsible for the planning district in which my business will operate.

Title Owner Date 10-03-23