

20230001975



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/dsl

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. Auto Repair Garage \$469.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 469.00

Business Information

Business Address: 1695 University Ave W. St. Paul MN 55104
Street City State Zip

Company Name: Greenline Auto Service And Tire Doing Business As: Greenline Auto Service And Tire
Swen Ventures LLC

Company Type: Corporation _____ Partnership X Sole Proprietorship _____

Date of Incorporation: 07 / 21 / 2023 Anticipated Opening: 01 / 01 / 2024

Mailing Address: 1695 University Ave W. St. Paul MN 55104
Street City State Zip

Business Phone: 651-644-4905 Fax Number: 651 646 0450

Applicant Information

Applicant Name: Steven John Swenson Jr
First Middle Last

Title: Owner/Manager Date of Birth: _____

Drivers License: _____ Email: _____

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 #: _____

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: _____

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: _____

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.

Applicant Signature: _____

Owner/Manager
Title: _____

10-04-2023
Date: _____