



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received

AUG 04 2022

City of Saint Paul - 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. Auto Repair Garage 469.00
- b. Auto Body Repair/Painting Shop 469.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$938.00

Business Information

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

Company Name: 3MC AUTO REPAIR LLC Doing Business As: 3MC AUTO REPAIR

Company Type: Corporation X Partnership _____ Sole Proprietorship _____

Date of Incorporation: 07 / 25 / 2022 Anticipated Opening: 08 / 01 / 2022

Mailing Address: 881 NEWCOMB ST SAINT PAUL MN 55106
Street City State Zip

Business Phone: 651-793-2366 Fax Number: _____

Applicant Information

Applicant Name: MIGUEL CASTRO HUINIL
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 #:

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:

MIGUEL

First

Middle

CASTRO HUINIL

Last

Title:

Co-owner

Email:

Home Address:

Street

Zip

Date of Birth:

/ /

Phone:

Officer Name:

MIGUEL

First

Middle

AGAMA

Last

CARRILLO

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:

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's Signature

Title

Co-Owner

Date

08-03-22