2016000004130

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

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. Second Hand - Motor Vehicle License — 440.00

b. ~~Alarm Permit~~ will not have Alarm — 132.00

c. _____

d. _____

e. _____

f. _____

g. _____ ~~440.00~~

Total: $ ~~572.00~~ -

Business Information

Business Address: 1265 Arcade st (Street) St paul (City) MN (State) 55106 (Zip)

Company Name: CAMAUTO SALES **Doing Business As:** CamAuto Sales

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Date of Incorporation: 01/12/16 **Anticipated Opening:** 03/01/16

Mailing Address: 1265 Arcade st (Street) St paul (City) MN (State) 55106 (Zip)

Business Phone: 763 843 5670 **Fax Number:** _____

Applicant Information

Applicant Name: IVO (First) FRic (Middle) TABlukum (Last)

Title: Sole owner **Date of Birth:** / /

Drivers License: _____ (State) **Email:** Fruivoline@yahoo.com

Home Address: _____ (City) _____ (State) _____

Cell Phone: 763 843 5670 **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: IVO (First) FRED (Middle) TABUCKUM (Last)

Home Address: ____ (Street) ____ (City) ____ (State) ____

Date of Birth: ____ / ____ / ____ Phone #: 763 843 5670

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: ____ (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.

Signature ____ Title ____ Date ____