

20250000476

**SAINT PAUL**  
SAFETY & INSPECTIONSSaint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- |    |                           |                          |
|----|---------------------------|--------------------------|
| 1. | <u>Second Hand Dealer</u> | <u>507.<sup>00</sup></u> |
| 2. | <u>Motor Vehicle</u>      |                          |
| 3. |                           |                          |
| 4. |                           |                          |
| 5. |                           |                          |
| 6. |                           |                          |
| 7. |                           |                          |

Total: \$ 0.00 507.<sup>00</sup>**Business Information**Business Address: 709 Minnehaha Ave E, Saint Paul, MN 55106  
Street City State ZipCompany Name: Aimz Wholesale Inc Doing Business As: Ridevibe MotorsCompany Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐Date of Incorporation: 05/07/2021 Date of Anticipated Opening: 03/15/25Mailing Address: Same  
Street City State ZipBusiness Phone #: 917-622-6867 Email Address: ridevibemotors@gmail.com**Applicant Information**Applicant Name: Rama Arsalan Ahmad  
First Middle LastTitle: CEO Date of Birth: [REDACTED]Drivers License: [REDACTED]Home Address: [REDACTED]Cell Phone #: [REDACTED]

## Supplemental Required Information

Are you going to operate this business personally?  
If no, who will operate it?

Yes: ☒

No: ☐

Operator Name:

P

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:

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[Redacted Signature]

Ridevibe motors

Title

03-12-25

Date