



SAINT PAUL
SAFETY & INSPECTIONS

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

Received

APR 15 2025

City of Saint Paul - DSJ

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>AUTO REPAIR GARAGE</u> | <u>507 -</u> |
| 2. | <u>SECOND HAND DEALER - PARTS</u> | <u>507 -</u> |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: \$ 0.00

Business Information

Business Address: 1383 Arcade Street St Paul MN 55106
Street City State Zip

Company Name: Phalen Lake Auto Repair, LLC Doing Business As: _____

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒ LLC

Date of Incorporation: _____ Date of Anticipated Opening: 6-15-2025

Mailing Address: 1346 Arcade Street St Paul MN 55106
Street City State Zip

Business Phone #: 651-232-1145 Email Address: _____

Applicant Information

Applicant Name: Charles Woodrow Belcher
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone #: _____

Supplemental Required Information

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

Yes: ☒

No: ☐

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:

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.

owner

4-16-2025

Title

Date