

Received

20240000367
Class "N" License Application

MAR 06 2024

LICENSES ARE NOT TRANSFERRABLE



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi

City of Saint Paul - DSI

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. Used Car Retail 507.00
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00 507.00

Business Information

Business Address: 1265 Arcade St St Paul MN 55106
Street City State Zip

Company Name: AllDrive Auto Sales LLC Doing Business As: AllDrive Auto Sales

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 2/12/24 Date of Anticipated Opening: 4/1/2024

Mailing Address: 1265 Arcade St St Paul MN 55106
Street City State Zip

Business Phone #: 617-749-2075

Email Address: [Redacted]

Applicant Information

Applicant Name: Jose Daniel Castro Bravo
First Middle Last

Title: Owner

Date of Birth: [Redacted]

Drivers License: [Redacted] Email: [Redacted]

Home Address: [Redacted]

Cell Phone #: [Redacted] 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 #:

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

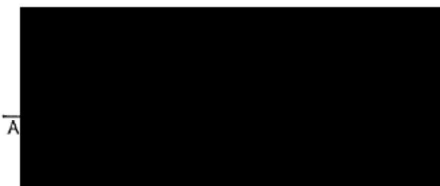
Zip

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.



Title

Owner

Date

2/28/24