

910



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](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.

Types of License(s) being applied for:

Fee(s):

- a. Auto repair garage \$ 453.00
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 453.00 -

#### Business Information

Business Address: 985 Randolph Ave. St. Paul MN 55102  
Street City State Zip

Company Name: Benzel Automotive LLC Doing Business As: Benzel Motors

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship

Date of Incorporation: 1 / 1 Anticipated Opening: 2 / 20 / 2018

Mailing Address: 985 Randolph Ave. St. Paul MN 55102  
Street City State Zip

Business Phone: (651) 675-7981 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Thess Andrew Benzel  
First Middle Last

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
Street City

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:

\_\_\_\_\_  
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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Owner*

*2/19/2018*