



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. Auto Repair Garage 453.⁰⁰
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 453.⁰⁰

Business Information

Business Address: 675 Stelling Ave N St Paul MN 55104
Street City State Zip

Company Name: Lucas Autocare LLC Doing Business As: Metro Automotive

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: / / Anticipated Opening: / /

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Ramon V Rosas
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____

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: Ramon _____ Rosas _____
First 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 Sign

owner
Title

09-14-18
Date