

20170004654



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/dsj](http://www.stpaul.gov/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.

Types of License(s) being applied for:

Fee(s):

- a. Auto Body Repair Garage 453 <sup>00</sup>
- b. Auto Repair Garage 453 <sup>00</sup>
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 906.00

#### Business Information

Business Address: 45 Ivy Ave W ST PAUL MN 55117-4515  
Street City State Zip

Company Name: IVY Auto And Repair LLC Doing Business As: IVY Auto Body and Repair

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

Date of Incorporation: 3 / 10 / 2012 Anticipated Opening: 1 / 1

Mailing Address: 45 Ivy Ave W ST PAUL MN 55117-4515  
Street City State Zip

Business Phone: 612-384-8582 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Trong VAN LE Raymond  
First Middle Last

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

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

Home Address: \_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(Continued on back)

**Supplemental Required Information**

Are you going to operate this business personally?

Yes: X 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: X

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.

7

2

Title

*owner*

Date

*12/06/2017*