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City of Saint Paul - DSI

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# 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. | Automotive Repair Garage | $507.00 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

**Total:** $ 507.00

## Business Information

**Business Address:** 1 Ridder Circle (Street) St. Paul (City) MN (State) 55107 (Zip)

**Company Name:** First Transit, Inc. **Doing Business As:**

**Company Type:** Corporation (●) Partnership (○) Sole Proprietorship (○)

**Date of Incorporation:** 9/19/1969 **Date of Anticipated Opening:** N/A

**Mailing Address:** 720 E. Butterfiled Road Suite 300 (Street) Lombard (City) IL (State) 60148 (Zip)

**Business Phone #:** 630-849-1205 **Email Address:** us.corptaxdept@transdev.com

## Applicant Information

**Applicant Name:** Mathieu (First) Le (Middle) Bourhis (Last)

**Title:** CFO **Date of Birth:** [redacted]

**Drivers License:** [redacted] **Email:** us.corptaxdept@transdev.com

**Home Address** [redacted]

**Cell Phone #** [redacted]

(Continued on back)

## Supplemental Required Information

Are you going to operate this business personally? Yes: ◯ No: ◉
If no, who will operate it?

Operator Name: Paul (First) Buharin
Home Address: [redacted]
Date of Birth: [redacted]

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: See enclosed (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.

[redacted] Mathieu Le Bourhis CFO (Title) 3/5/2025 (Date)