



## Class "N" License Application

## LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

## Saint Paul, Minnesota 55101 SAINT PAUL SAFETY & INSPECTIONS

Phone: 651-266-8989 Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission. Fee(s): Types of License(s) being applied for: 507.00 Second hand dealer- motor vehicle 405.00 Motor Vehicle Dealer-New Vehicle 3. 4. 7. Total: \$ 912.00 **Business Information** Business Address: 935 Bradford Street 55114 St Paul MN Doing Business As: Johnson Williams Funeral Sal Company Name: Dunn Enterprises Inc Partnership (•) Sole Proprietorship Corporation ( Company Type: Date of Anticipated Opening: 01/01/2025 Date of Incorporation: 01/26/1979Mailing Address: 935 Bradford Street St Paul MN 55114 Business Phone #: (612) 627-5661 **Email Address:** Applicant Information Philip Anderson Applicant Name: Todd Middle Title: Owner Date of Birth: **Drivers License** Emai State License # Home Address: Cell Phone #: Alternate Phone #

	First Street	•	No: (	0		
Operator Name:  Home Address:  Date of Birth:	First	м				
Home Address	First Street	м				
Date of Birth: _	Street		iddle	Last		
	Street					
			City		State	Zip
A	~	Phone #:		_ Email Address:		
Are you going to nave a	manager or ass	sistant in this business	s? Yes:	No: 📵		
If manager is <u>not</u> the sa	ame as the oper	ator, please complete	the following info	ormation:		
Manager Name:						
F	irst	М	liddle	Last		
Home Address: _	Street		City		State	Zip
Date of Birth:		Phone #:		Email Address: _		
Please list all other	officers of th	e corporation (Atta	ich another she	eet if applicable.)		
Officer Name	Larry	De	ean	Dunn		
Omitor Human	First	N	Middle	· · · .		
Title:	Officer		Email:	_		
Home Address						
	Street		City		State	Zip
Date of Birth:						
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Title: Home Address Date of Birth:	First	Phone #:	Email:	Last	State	Zip
Title: Home Address Date of Birth:	First	Phone #:	Email:		State	Zip
Title: Home Address Date of Birth: Officer Name Title:	First	Phone #:	Email:	Last	State	Zip
Title: Home Address  Date of Birth:  Officer Name  Title: Home Address	First  Street  First  Street	Phone #:	Email:	Last	State	Zip