

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

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 ⁰⁰
- b. Auto Repair Garage 453 ⁰⁰
- 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: 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.

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Title

owner

Date

12/06/2017