2022 0002092

CITY OF SAINT PAUL
Department of Safety and Inspections
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. Second Hand Dealer - Motor Vehicle — 469.00

b. —

c. —

d. —

e. —

f. —

g. —

Total: $ 469.00

Business Information

Business Address: 545 University Ave W (Street) St Paul (City) MN (State) 55103 (Zip)

Company Name: Angie's Auto Sales llc **Doing Business As:** —

Company Type: Corporation ____ Partnership ____ Sole Proprietorship X

Date of Incorporation: 07 / 01 / 2018 **Anticipated Opening:** / /

Mailing Address: (Street) (City) (State) (Zip)

Business Phone: 763-528-3216 **Fax Number:** —

Applicant Information

Applicant Name: Julio (First) Cesar (Middle) Aguilar Ortega (Last)

Title: President **Date of Birth:** / /

Drivers License: (State) (License #) **mail:**

Home Address: (Street) (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.

_____ President 11-29-22
ature Title Date