

910



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/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. Auto repair garage \$ 453.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 453.00 -

Business Information

Business Address: 985 Randolph Ave. St. Paul MN 55102
Street City State Zip

Company Name: Benzel Automotive LLC Doing Business As: Benzel Motors

Company Type: Corporation Partnership _____ Sole Proprietorship

Date of Incorporation: 1 / 1 Anticipated Opening: 2 / 20 / 2018

Mailing Address: 985 Randolph Ave. St. Paul MN 55102
Street City State Zip

Business Phone: (651) 675-7981 Fax Number: _____

Applicant Information

Applicant Name: Thess Andrew Benzel
First Middle Last

Title: _____ Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City

Cell Phone: _____ Alternate Phone: _____

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.

Applicant Signature

Title

Date

Owner

2/19/2018