13-199



## CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fay: 651-266-9124

Phone: 651-266-8989 Fax: 651-266-9124 Visit our Website at: 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: (Office Use Only)	Fees
SECOND HAND MOTOR VEHICLE	43100
	•
Total	43100
Anticipated Date of Opening://	<u> </u>
Company Name: (Circle: Corporation Partnership (	Sole Proprietorship)
If business is incorporated, give date of incorporation:	
Business Name (DBA): 44 Autos Business Phone: (612)	369-3190
Business Address (business location): 520 FRONT ANT St. PAUL MA	55117-4707
Street (#, Name, Type, Direction) City S	tate Zip + 4
Between what cross streets is the business located? Kent St & Mckubin St. Which side of	the street? South
Mail To Address (if different than business address):  Street (#, Name, Type, Direction)  City	State Zip + 4
Street (#, tvame, Type, Direction) City	State Zip + 4
APPLICANT INFORMATION:	·
Name and Title: Jerrold Colons Ford First Middle (Maiden) Last	Title
Home Address:	Little
Street (#, Name, type, Direction) City State	Zip + 4
Date of Birth: Home Phone	<b></b>
Date of Birth: Home Phone  Driver License: State of Issue	
11	
11	NO_X
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES	NO_X
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest:  Where?	NO_X
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES	NO _X
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest:  Where?	No _X
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest:  Where?  Charge:  Sentence:	NO_X
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest:  Where?  Charge:	No _X
State of Issue.   State of Issue.   Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES   Date of Arrest:   Where?   Charge:   Sentence:   List licenses which you currently hold, formerly held, or may have an interest in:   NXXV4.	
Driver License:  State of Issue.  Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest:  Where?  Charge:  Sentence:	
Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest: Where?  Charge: Sentence: Sentence:  List licenses which you currently hold, formerly held, or may have an interest in: Name  Have any of the above named licenses ever been revoked? YES NO If yes, list the dates and reference	
State of Issue.   State of Issue.   Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES   Date of Arrest:   Where?   Charge:   Sentence:   List licenses which you currently hold, formerly held, or may have an interest in:   NXXV4.	
Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest: Where?  Charge: Sentence:  Conviction: Sentence:  List licenses which you currently hold, formerly held, or may have an interest in: NYDEA.  Have any of the above named licenses ever been revoked? YES NO If yes, list the dates and reference this business personally? YES NO If not, who will operate it?	easons for revocation:
Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest: Where?  Charge: Sentence: Sentence:  List licenses which you currently hold, formerly held, or may have an interest in: Name  Have any of the above named licenses ever been revoked? YES NO If yes, list the dates and reference	
Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES  Date of Arrest: Where?  Charge: Sentence:  Conviction: Sentence:  List licenses which you currently hold, formerly held, or may have an interest in: NYDEA.  Have any of the above named licenses ever been revoked? YES NO If yes, list the dates and reference this business personally? YES NO If not, who will operate it?	easons for revocation:

Are you going to hav	RMATION (Continued):								
	Are you going to have a manager or assistant in this business?YESNO If the manager is not the same as the								
Operator, please con	nplete the following information	• •			•	•			
					`				
First Name	Middle Initial	(Maiden)		T not	Doto of Diuth	-			
Pitstrame	Middle Hilliai	(iviaiden)	•	Last	Date of Birth				
·					·( )				
Home Address: Stre	eet (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number				
	ory(list name, address and phone i								
MILAGO COROL	n LANdscapes - 52	A FRONT AVE	N. Pau	1 mai 5	C111				
	The state of the s	T NAME OF THE	~717.11	V( 1110 0		,			
				<del></del>					
			•			<u>.</u>			
					•				
List all other officers	s of the corporation (use addition	nal pages if necessary	7):						
Officer	Title Home	H	ome	Business	Date of				
Name	Address	$\mathbf{P}$	none	Phone	Birth				
					• _	<del></del>			
			<del></del>			<del></del>			
	-								
If business is a partn	ership, please include the follow	ing information for	each partner	(use additional	pages if necessary):				
•		•							
First Name	Middle Initial	(E:-NA)	<u> </u>	T /	TD ( 8701 (1				
PHSUNAINE	, wilddie fintial	(Maiden)		Last	Date of Birth				
				•	( )				
Home Address: Stre	eet (#, Name, Type, Direction)	City	State	Zip + 4	( ) Phone Number				
Home Address: Stre	eet (#, Name, Type, Direction)	City	State	Zip + 4	( ) Phone Number				
		•	State ::	Zip + 4	( ) Phone Number				
Home Address: Stre	eet (#, Name, Type, Direction)  Middle Initial	City (Maiden)	State	Zip + 4	Phone Number  Date of Birth				
		•	State	<u>*</u>					
		•	State	<u>*</u>					
		•	State	<u>*</u>					
First Name	Middle Initial	(Maiden)	!	Last	Date of Birth				
First Name		•	State  ! State	<u>*</u>					
First Name  Home Address: Stre	Middle Initial  et (#, Name, Type, Direction)  ENTIFICATION NUMBER	(Maiden) City	! State	Last Zip + 4	Date of Birth  () Phone Number				
First Name  Home Address: Stre  MINNESOTA TAX ID  Pursuant to the Laws of	Middle Initial  set (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article	(Maiden)  City  8, Section 2 (270.72) (	State  f.  Fax Clearance:	Last  Zip + 4  Issuance of Licen	Date of Birth  (				
Home Address: Stree  MINNESOTA TAX ID  Pursuant to the Laws of required to provide to the	Middle Initial  set (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of	(Maiden)  City  8, Section 2 (270.72) (	State  f.  Fax Clearance:	Last  Zip + 4  Issuance of Licen	Date of Birth  (	per			
Home Address: Stre  MINNESOTA TAX ID  Pursuant to the Laws of required to provide to the of each license applicant	Middle Initial  set (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of	(Maiden)  City  8, Section 2 (270.72) ('Revenue, the Minnesot	State  f.  Fax Clearance; a business tax i	Last  Zip + 4  Issuance of Licendentification num	Date of Birth  ()  Phone Number  ses), licensing authorities are ber and the social security number				
Home Address: Stree  MINNESOTA TAX ID  Pursuant to the Laws of required to provide to the of each license applicant  Under the Minnesota Go	Middle Initial  Let (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of  Let (#, Name, Type, Direction)	(Maiden)  City  8, Section 2 (270.72) ('Revenue, the Minnesot	State  f.  Fax Clearance; a business tax i	Last  Zip + 4  Issuance of Licendentification num	Date of Birth  ()  Phone Number  ses), licensing authorities are ber and the social security number				
Home Address: Stree  MINNESOTA TAX ID  Pursuant to the Laws of required to provide to the of each license applicant  Under the Minnesota Go of the Minnesota Tax Ide	Middle Initial  Let (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of  Levernment Data Practices Act and the Fentification Number:	(Maiden)  City  8, Section 2 (270.72) ('Revenue, the Minnesot	State  f.  Fax Clearance; a business tax in the state of	Last  Zip + 4  Issuance of Licendentification num	Date of Birth  ()  Phone Number  ses), licensing authorities are ber and the social security number and the following regarding the	e use			
Home Address: Stree  MINNESOTA TAX ID  Pursuant to the Laws of required to provide to the of each license applicant  Under the Minnesota Go of the Minnesota Tax Ide  This informa motor vehicle	Middle Initial  Let (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of  Let of Minnesota Commissioner of the Initial Commission Number:  Let on may be used to deny the issuance of excise taxes;	(Maiden)  City  8, Section 2 (270.72) ( Revenue, the Minnesot  dederal Privacy Act of 1 or renewal of your licer	State  f.  Fax Clearance; a business tax in the event	Last  Zip + 4  Issuance of Licent dentification num quired to advise you you owe Minneso	Date of Birth  ( ) Phone Number  ses), licensing authorities are ber and the social security number are of the following regarding the ota sales, employer's withholding	e use			
Home Address: Stree  MINNESOTA TAX ID  Pursuant to the Laws of required to provide to the of each license applicant  Under the Minnesota Go of the Minnesota Tax Ide  This informa motor vehicle  Upon receivi	Middle Initial  Let (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of  Entification Number:  Lition may be used to deny the issuance e excise taxes;  Ing this information, the licensing auth	(Maiden)  City  8, Section 2 (270.72) ('Revenue, the Minnesot of 1 or renewal of your licer ority will supply it only	State  Fax Clearance; a business tax in the event to the Minness t	Last  Zip + 4  Issuance of Licente dentification num quired to advise you you owe Minnescota Department of	Date of Birth  ( ) Phone Number  ses), licensing authorities are ber and the social security number u of the following regarding the sta sales, employer's withholdin Revenue. However, under the	e use			
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First Name  Home Address: Stree  MINNESOTA TAX ID  Pursuant to the Laws of I  required to provide to the of each license applicant  Under the Minnesota Go of the Minnesota Tax Ide  This informa motor vehicle Upon receivi Federal Exch  Minnesota Tax Identifica Business Records Depart  Minnesota Tax Ident	Middle Initial  Det (#, Name, Type, Direction)  ENTIFICATION NUMBER  Minnesota, 1984, Chapter 502, Article e State of Minnesota Commissioner of  Entification Number:  Ition may be used to deny the issuance e excise taxes;  Ing this information, the licensing auth hange of Information Agreement, the Detaition Numbers (Sales & Use Tax Num tment, 600 Robert Street North, Saint I	(Maiden)  City  8, Section 2 (270.72) ( Revenue, the Minnesot  Federal Privacy Act of 1  or renewal of your licer  ority will supply it only Department of Revenue a ber) may be obtained free Paul, MN (651-296-618	State  Fax Clearance; a business tax is 1974, we are required in the event to the Minnesc may supply this point the State of 1).	Last  Zip + 4  Issuance of Licent dentification numulative to advise you you owe Minnescota Department of information to the Minnesota,	Date of Birth  (	e use			

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION						
I hereby state that I have answered all of the preceding questions, and that of my knowledge and belief. I hereby state further that I have received no contribution, or otherwise, other than already disclosed in the application may be it is police, fire, health and other city officials at any and	o money or oth	ner consider	ation, by wa	ay of loan,	gift,	
A regardure (REQUIRED for all applications)				<del></del>	Date	
	P					
PREFERRED METHODS OF COMMUNICATION FROM THIS C (please rank in order of preference – "1" is most preferred):	FFICE					
2 Phone Number with area code: (612) 369-3196		Extension				
Check the type of Phone Number listed above: ☐ Business	∃ Home	X Cell	□ Fax	□ Pager	į	
Phone Number with area code: ( )	•	Extension				
Check the type of Phone Number listed above: ☐ Business	B □ Home	□ Cell	□ Fax	□ Pager		
3 Mail: 520 FRONT ANT	St. PAUL	L	mi	55117	-4704	
Street (#, Name, Type, Direction)	Ci	ty	Sta			
1 Internet: riAutos mu @gmail.com						
All Class N applications must be submitted with the following documents:  1. Provide a copy of your executed (signed) rental lease and/o allow this type of business operation on the premises unless	r assignment, as	s well as a lette e lease. Or, p	ter of permis	sion from th y of your Pu	e landlord, to rchase	
Agreement and/or Bill of Sale of the property.  2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.						
** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. **						
				/		
Signature of Cardholder (required for all charges):	•		. /			
We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).						
☐ American Express ☐ Discover ☐ MasterCard Visa		Exp Mont	iration th/Year ▶▶			