SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	Fee(s):
1. AUTO REPAIR SHOP LICENSE	507
2. + 2ND HAND DEALER (PARTS)	507 —
3.	
4.	
5.	
6.	
7.	

Total: ~~$507.00~~ $1014.00

Business Information

Business Address: 206 wabasha st s (Street) | St.Paul (City) | MN (State) | 55107 (Zip)

Company Name: All Things Auto,LLC **Doing Business As:** All Things Auto and Tire

Company Type: Corporation ○ Partnership ○ Sole Proprietorship ◉

Date of Incorporation: _____ **Date of Anticipated Opening:** 03/01/2025

Mailing Address: 206Wabasha St (Street) | St. Paul (City) | MN (State) | 55107 (Zip)

Business Phone #: (612) 978-5108 **Email Address:** ramahi450@yahoo.com

Applicant Information

Applicant Name: Saleh (First) Yousef (Middle) Ramahi (Last)

Title: owner **Date of Birth** [redacted]

Drivers License [redacted] **Email:** ramahi450@yahoo.com

Home Address [redacted]

Cell Phone # [redacted]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ◉ No: ○
If no, who will operate it?

Operator Name: saleh younis ramahi

Home Addr [redacted]

Date of Birt

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 Nam [redacted]

Home Addres

Date of Birth: _____ Phone #: _____ Email Address: _____

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[redacted]

Ap

owner/operator
Title

01/07/2025
Date