

FEB 12 2021



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 Body Repair/Painting Shop 462.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$462.00

Business Information

Business Address: 45 Empire Dr. St. Paul MN 55103
Street City State Zip

Company Name: Rift Valley Doing Business As: _____

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 10 / 19 / 2005 Anticipated Opening: 1 / 1

Mailing Address: Same as above
Street City State Zip

Business Phone: 651-338-4673 Fax Number: 651-644-4079

Applicant Information

Applicant Name: Ebiss D K- UKA
First Middle Last

Title: Manager Date of Birth: 1 / 1

Drivers License: _____
State License #

Home Address: _____
Street City State Zip

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 Amane Middle Morke Last Wako

Title:

HR Admin Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____

Phone: _____

Officer Name:

First Mohammed Middle _____ Last Denbira

Title:

Safety coordinator Email: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____

Phone: _____

Officer Name:

First Genemu Middle WKA Last Koji

Title:

Routing & Batch coord 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.

Appr.

Title

Date