



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.
- b.
- c.
- d.
- e.
- f.
- g.

Auto Repair - ~~Auto Body~~ 469.⁰⁰
Add 12/16/2022
Auto Body Repair 469.⁰⁰

Total: \$

Business Information

Business Address: 931 Atlantic St. Suite F, St. Paul, MN 55106
Street City State Zip
 Company Name: David Heer Doing Business As: Fan Auto
 Company Type: Corporation Partnership Sole Proprietorship
 Date of Incorporation: 1 1 Anticipated Opening: 11 1 22
 Mailing Address: 931 Atlantic St. Suite F, St. Paul, MN 55106
Street City State Zip
 Business Phone: 651-442-5949 Fax Number:

Applicant Information

Applicant Name: David Alee Heer
First Middle Last
 Title: Owner Date of Birth: 1 1
 Drivers License: State License # Email:
 Home Address: 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: David Abee Hen
First Middle Last

Title: owner 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: Owner Date: 9/21/22