4/1/2024 pd w/ cash $507.00. JL

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.

2024 0000 5116

***This application requires District Council notification prior to submission.***

**Types of License(s) being applied for:** **Fee(s):**

1. Auto Repair Garage — $507
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____

**Total:** $ 0.00

## Business Information

**Business Address:** 1324 Arcade st (Street) Saint Paul (City) MN (State) 55106 (Zip)

**Company Name:** Genesis Auto Repair LLC **Doing Business As:** Same

**Company Type:** Corporation ⊗ Partnership ○ Sole Proprietorship ○

**Date of Incorporation:** ____ **Date of Anticipated Opening:** April 01 2024

**Mailing Address:** 1324 Arcade st Suite A (Street) Saint Paul (City) MN (State) 55106 (Zip)

**Business Phone #:** 612 328 1939 **Email Address:** ____

## Applicant Information

**Applicant Name:** Jaime (First) Flores (Middle) Jimenez (Last)

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

**Drivers License:** [redacted]

**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:** _____
First Middle Last

**Home Address:** _____
Street City State Zip

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

**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 #:** _____ **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] OWNER 04-01-24

Applica Title Date