



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. USA Auto Sales 462
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 462 -

Business Information

Business Address: 378 COMB AVE St Paul MN 55103
Street City State Zip

Company Name: Jakes Auto Mall Doing Business As: _____

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 3 / 18 / 2010 Anticipated Opening: 1 / 1

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Jacob J Christ
First Middle Last

Title: owner 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: X 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: X

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 Jacob Middle _____ Last Chris

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

Owner

Title

8/21/21

Date