

20170003842



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. Used Motor Vehicle sales _____
- b. Second Hand Dealer - Motor Vehicle _____ 453.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 453.00 -

Business Information

Business Address: 670 Pelham Blvd. #120 St. Paul MN 55114
Street City State Zip

Company Name: Sally's Automotive, Inc. Doing Business As: N/A

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 8/14/17 Anticipated Opening: 10/1/17

Mailing Address: 670 Pelham Blvd. #120 St. Paul MN 55114
Street City State Zip

Business Phone: 651-331-1432 Fax Number: _____

Applicant Information

Applicant Name: Ryan William Duffy
First Middle Last

Title: President Date of Birth: _____

Drivers License: _____ State _____ License # _____
 Email: ryanduffy340@gmail.com

Home Address: _____
Street City State Zip

Cell Phone: 651-331-1432 Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: _____

If no, who will operate it?

Operator Name: N/R
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: Ryan William Duffy
First Middle Last

Title: President Email: nyanduffy340@gmail.com

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone: 651-331-1432

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

_____ President _____ 8-23-17
Title Date

9-9/25/17-Lab