

20100004369

OK [Signature]



CITY OF ST. PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-9090 Fax: 651-266-9124
Visit our Website at: 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: (Office Use Only)	Fees
Second Hand Motor Vehicle Sale	431.00
RECEIVED IN D.S.I.	
SEP 30 2010	Total

Anticipated Date of Opening: 9/30/10
 Company Name: Best Buy Auto Sales, LLC (Circle: Corporation Partnership Sole Proprietorship)
 If business is incorporated, give date of incorporation: SEPT 27 2010
 Business Name (DBA): BEST BUY AUTO SALES Business Phone: (651) 230-1145
 Business Address (business location): 1414 Arcade St. St. Paul MN 55106
Street (#, Name, Type, Direction) City State Zip + 4
 Between what cross streets is the business located? Morland & Wheelock Which side of the street? East
 Mail To Address (if different than business address): _____
Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:
 Name and Title: Charles Woodrow Belcher Owner
First Middle (Maiden) Last Title
 Home Address: _____
Street (#, Name, Type, Direction) City State Zip + 4
 Date of Birth: _____ Place of Birth: St. Paul MN Home Phone: (651) 230-1145
 Driver License: _____ State of Issue: _____

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ NO X
 Date of Arrest: _____ Where? _____
 Charge: _____
 Conviction: _____ Sentence: _____
 List licenses which you currently hold, formerly held, or may have an interest in: Broker Real Estate, Car Dealer Used
 Have any of the above named licenses ever been revoked? _____ YES _____ NO X If yes, list the dates and reasons for revocation: _____
 Are you going to operate this business personally? X YES _____ NO If not, who will operate it? _____

First Name _____ Middle Initial _____ (Maiden) _____ Last _____ Date of Birth _____
 Home Address: Street (#, Name, Type, Direction) _____ City _____ State _____ Zip + 4 _____ Phone Number _____

E 10/1/2010 [Signature]

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? _____ YES NO If the manager is not the same as the Operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth
()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
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Charles Belcher	Owner	1067 Agyle St	651-230-1145		
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If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name Middle Initial (Maiden) Last Date of Birth
()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

First Name Middle Initial (Maiden) Last Date of Birth
()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: 1775735

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

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CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: _____

Policy Number: _____ Coverage from _____ to _____

I have no employees covered under workers' compensation insurance CB (INITIALS)

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than that already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police and city officials at any and all times when the business is in operation.

Signature (Required for all applications)

9-30-10
Date

**PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference - "1" is most preferred):**

X Phone Number with area code: (651) 230-1145 Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

_____ Phone Number with area code: () _____ Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

_____ Mail: _____
Street (#, Name, Type, Direction) City State Zip + 4

_____ Internet: _____
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

**** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. ****