



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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1.	AUTO REPAIR GARAGE LICENSE	507.00
2.		
3.		
4.		
5.		
6.		
7.		

Total: \$ 507.00

Business Information

Business Address: 920 ATLANTIC ST SAINT PAUL MN 55106
Street City State Zip

Company Name: A CERTIFIED COLLISION CE **Doing Business As:** _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 08/29/2002 **Date of Anticipated Opening:** 06/18/2024

Mailing Address: 920 ATLANTIC ST SAINT PAUL MN 55106
Street City State Zip

Business Phone #: (651) 774-7155 **Email Address:** ACERTIFIED@QWESTOFL

Applicant Information

Applicant Name: ANTHONY CEASAR ARIAS
First Middle Last

Title: OWNER **Date of Birth:** _____

Drivers License: _____

Home Address: _____

Cell 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 #: _____ 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.)

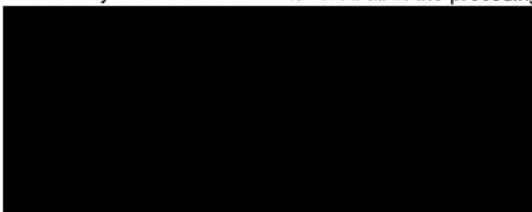
Officer Name: _____
 First Middle Last
Title: _____ Email: _____
Home Address: _____
 Street City State Zip
Date of Birth: _____ Phone #: _____

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 First Middle Last
Title: _____ Email: _____
Home Address: _____
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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. I have provided a completed District Council Notification Form to the district council and I will operate.



OWNER

06-26-20

_____ Title _____ Date _____