

2019 0001045



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. Auto Repair Garage \$453.00
- b. Second Hand Dealer - motor Vehicle \$453.00
- c. Alarm Permit # 282.47 \$38.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 944.00

Business Information

Business Address: 1445 ARCADE ST St. Paul MN 55106
Street City State Zip

Company Name: AO Auto Sales and Repair Doing Business As: SAME

Company Type: Corporation Y Partnership _____ Sole Proprietorship _____

Date of Incorporation: 5 / 1 / 19 Anticipated Opening: 5 / 1 / 19

Mailing Address: same as business
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Gary _____ Wang
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
State Zip

Cell Phone: _____ Alternate Phone: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: *Y* 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 _____ 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.

 OWNER
Title

 4.18.19
Date