

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street, Sulte 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: Add To Lical # 20190001657
" Second Hand Deglar - Motor Vehicle 469,00
b. Ayto Repair Courage 469.00
с,
d,
е,
f
g,
Total: \$ -
Business Information Business Address: 1346 Accade St. St. Paul MV 55/06 Street Street Co. Zip. 2
Company Name: Arche Auto Roy, LLC Doing Business As: Arche Repair
Company Type: Corporation LLC Partnership Sole Proprietorship
Date of Incorporation: / / Anticipated Opening: / /
Malling Address: 1346 Arcade Street St. B. My Stock Street Street St. B. My State Zip
Business Phone: 651-330-1145 Fax Number:
Applicant Information
Applicant Name: Charles Washow Belcher Hist Middle Last
Title: Date of Birth:/
Drivers License: State License:
Home Address: Street - City Stafe Zip
Cell Phone: Alternate Phone:

Supplemental Required	Informa	ation						
Are you going to operate t	this busin	ess persor	na lly?	Yes:	No:			1
If <u>no</u> , who will operate It?								
Operator Name:		······································			***************************************			
Home Address:	First			Middle		Last		
Hollig Wird goal	Street				City		State	Zip
Date of Birth:		_/		•	Phone #:			
Are you going to have a m					Yes:	No:	Benjambaltan	!
If manager is <u>not</u> the same	e as the o	perator, p	lease complete t	he following informa:	tion:			
Manager Name:	First			Middle		Last	***************************************	***************************************
Home Address:	Luor					Läsi		
	Street				City		State	Zip
Date of Birth:	-	_/		·	Phone:			
Please list all other of Officer Name:	ficers of		poration (Attac		f applicable.	last		
Title;						Last		
	•				J			
Home Address:	Street				City		State	Zìp
Date of Birth:		/	/		Phone:			•

Officer Name:								
	First	***************************************		Middle		Last		
Title:	•		***************************************	Emall:	.			
Home Address:								
	Street	,			City		State	Zìp
Date of Birth;			/		Phone:			
Officer Name:	First			Middle		Last		
Title:				m 11		Augus		
Maria Addinana						Management of the second secon		
Home Address:	Street				City		State	Zlp
Date of Birth:		/	/	_	Phone:			·
FALSIFICATION OF ANS	WERS GI\	VEN OR N	//ATERIAL SUBM	AITTED WILL RESULT	r in denial o	F 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.								
				Ω_{l}	vner		10-0	5-2022
Applicar atur				Title	, CA	t	Date	3 QUAX