

Received

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989

JAN 27 2023 Web: www.stpaul.gov/dsi

Payment must be received with each application. This application is subject to review by the public.

City of Saint Paul - DSI

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This application re	quires District Council notifica	tion prior to submission.		4/00
Types of License(s	s) being applied for:	-	Fee(s):	375.00
1. <u>Se</u>	cond hand Dea	ler - Motor Va	chide_	\$ 70000
2. M	cond hand Dea stor Vehicle Sq	Ivage Dealer		369
				10-4-11-1
_		,		
5.				
6.				
7.				
			Total:	\$ 0.00 \$ 72.00
Business Information	า		<u>-</u>	\$375.00
Business Address:	240 W Sycamore Street	st ST. Paul	HN	55117
	SOOWYS COR			
Company Type:	Corporation 🍘	Partnership 🔘	Sole Proprietor	rship 🔘
Date of Incorporation:	09/03/2020	Date of Anticipated Opening	;	
Mailing Address:	240 W Sycamore	ST ST. Paul	MN State	\$5117 Zip
	786 3036057	=		↑
Applicant Informa	tion			
Applicant Nam	e: Neil		ollarvez	
	President	Middle Date of Birth	Last	
Drivers License:	State License #	Email:	-	
Home Address:	1			
Cell Phone #:	Street	City Alternate Phone	State #:	Zip

Supplemental Required Information

Are you going to operat If <u>no</u> , who will operate i	•	ly? Yes:	No: (0		
Operator Name:	Float	Middle				
Home Address:	riist	ivildale		Last		
	Street		City		State	Zip
Date of Birth:	F	hone #:		_ Email Address: _		A transcript of the Add Add Add Add Add Add Add Add Add Ad
Are you going to have a	manager or assistant in	this business?	Yes:	No: 🐠		
If manager is <u>not</u> the sa	me as the operator, plea	ase complete the foll	owing info	rmation:		
Manager Name:	***************************************	Middle		- The state of the		W
• • •	rst			Last		
	reet				State	Zip
Date of Birth:	F	Phone #:		Email Address:		
Please list all other	officers of the corpo	ration (Attach and	other she	et if applicable.)		
Officer Name:	Mary	C		Romer	೦	
	First	Middle	-	Last		4
Title:	secre tary	Email		-		
Home Address:	Street	<u>.</u>	City		State	Zip
Date of Birth:	, ı	Phone #: _				
Officer Name:	Ne'l	Anton	nio	OLLA	RUEZ	
Title:	Vice- Pres	ident Email				
Home Address:			City		State	∠ιp —
Date of Birth:		hone #:				
Officer Name:						
	First	Middle		Last		
Title:		Email				
Home Address:	Street		City		State	Zip
Date of Birth:	F	Phone #:			State	Ζίμ
pace of bittin		110110 114		_		
FALSIFICATION OF AN I hereby state that I have ans my knowledge and belief. I a representing the planning dis	swered all of the preceding qualso hereby state that I have p	lestions and that the info	rmation conta	ained herein is true and	correct to the	best of
Applican ature		Title	esiden	-1	01/26/ Date	2023