



**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](http://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 License 469.00
- b. Second Hand Dealer - Motor Vehicle Parts 462.00
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: 931.00  
 \$ 931.00

#### Business Information

Business Address: 1221 pierce Butler Route st paul MN 55104  
Street City State Zip

Company Name: Car Flip Repairs LLC Doing Business As: \_\_\_\_\_

Company Type: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Date of Incorporation: 04 / 01 / 2020 Anticipated Opening:  / /

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: 612-205-6532 Fax Number: \_\_\_\_\_

#### Applicant Information

Applicant Name: Blanca Alegría Ortíz  
First Middle Last

Title: Owner Date of Birth:  / /

Drivers License: \_\_\_\_\_ Email: [REDACTED]  
State License #

Home Address: [REDACTED]  
Street City State Zip

Cell Phone: [REDACTED] Alternate Phone: \_\_\_\_\_

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes:  No:

If no, who will operate it?

Operator Name: Antonio Perez

Home Address: [REDACTED]

Date of Birth: 1 / 1 Phone #: [REDACTED]

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: Blanca Albanian

Home Address: [REDACTED]

Date of Birth: 1 / 1 Phone: [REDACTED]

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth:  / / Phone: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth:  / / Phone: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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.

[REDACTED]  
Applicant Signature

owner / manager 7-6-22  
Title Date