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	$507.00
2.	
3.	
4.	
5.	
6.	
7.	
Total:	$ 0.00

Business Information

Business Address: 1111 Payne Ave (Street) St. Paul (City) MN (State) 55130 (Zip)

Company Name: Dave's Exhaust and Auto Repair **Doing Business As:** Auto Repair and Exhaust

Company Type: Corporation ◯ Partnership ⊗ Sole Proprietorship ◯

Date of Incorporation: April 28, 2025 **Date of Anticipated Opening:** April 29, 2025

Mailing Address: 1111 Payne Ave (Street) St. Paul (City) MN (State) 55130 (Zip)

Business Phone #: 651-778-0887 **Email Address:** Davesexhaustandautoservices@gmail.com

Applicant Information

Applicant Name: Travis (First) (Middle) Pedersen (Last)

Title: Co-owner **Date of Birth:** [redacted]

Drivers License [redacted]

Home Address: [redacted]

Cell Phone #: [redacted]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? **Yes:** (X) **No:** ( )

If no, who will operate it?

Operator Name: Travis (First) Michael (Middle) Pedersen (Last)

Home Addres [redacted]

Date of Birth: [redacted]

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 #:** _____ **Email Address:** _____

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

Officer Name: John (First) _____ (Middle) Horkey (Last)

Ti Co-Owner **Email:** [redacted]

Home Add [redacted]

Date of Bi [redacted]

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[redacted]

Co-Owner (Title) 3/18/25 (Date)