

20140000206



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Website at: 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: (Office Use Only)	Fees
Auto Body Repair (garage)	431.00
Alarm Permit # 42666	27.00
Total	458.00

Anticipated Date of Opening: 8/14/2013 Company Name: N2H Body Shops, Inc
 Business Name (DBA): Professional Auto Body Business Phone: (651) 222-5900
 Business Type (circle one): CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP Date of Incorporation: 3/1/2013
 Business Address (business location): 584 Stryker Ave St Paul MN 55107
Street (#, Name, Type, Direction) City State Zip + 4
 Mail To Address (if different than business address): _____
Street (#, Name, Type, Direction) City State Zip + 4

Applicant Name and Title: Nest Zinard 1 Hucki Owner
First Middle (Maiden) Last Title
 Home Address: _____
Street (#, Name, Type, Direction) City State Zip + 4
 Phone: _____ Alternative Phone: _____ Email: n.hucki@msn.com
 Date of Birth: _____ Place of Birth: _____
 Driver License: _____ State of Issue: _____
 Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ NO
 Date of Arrest: _____ Where? _____
 Charge: _____
 Conviction: _____ Sentence: _____
 List licenses which you currently hold, formerly held, or may have an interest in: _____

Have any of the above named licenses ever been revoked? _____ YES _____ NO If yes, list the dates and reasons for revocation: _____
 Are you going to operate this business personally? YES _____ NO If not, who will operate it? _____

First Name _____ Middle Initial _____ (Maiden) _____ Last _____ Date of Birth _____
 Home Address: Street (#, Name, Type, Direction) _____ City _____ State _____ Zip + 4 _____ Phone Number _____

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? _____ YES NO If the manager is not the same as the Operator, please complete the following information:

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)
Sensata Technologies White Bear Lake, MN (651) 683-7000

List all other officers of the corporation (use additional pages if necessary):

Officer Name Title Home Address Home Phone Business Phone Date of Birth

None

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

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.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. _____ expires one year from the date below.

Owner/President 1/8/2014
Title Date

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment and, if intended use not specified in lease, a letter of permission from the landlord to allow this type of business operation on the premises. Otherwise, provide a copy of your Purchase Agreement and/or Bill of Sale for the property.
2. If incorporated or a partnership, provide proof of current filing status with the Office of the Minnesota Secretary of State and documentation outlining ownership distribution and/or allocation of corporate shares.

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