

2/12/10

20160000470



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 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:

Fee(s):

- a. Second Hand - Motor Vehicle License 444.00
- b. ~~Alarm Permit~~ will not have Alarm FTD.00
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total:

\$ 472.00

Business Information

Business Address: 1265 Arcade St St Paul MN 55106
Street City State Zip

Company Name: CAMALTO SALES Doing Business As: CAMALTO SALES

Company Type: Corporation LLC Partnership _____ Sole Proprietorship _____

Date of Incorporation: 01 12 11 Anticipated Opening: 03 10 11

Mailing Address: 1265 Arcade St St Paul MN 55106
Street City State Zip

Business Phone: 763 843 5670 Fax Number: _____

Applicant Information

Applicant Name: Ivo Fru Tablikian
First Middle Last

Title: Sole owner Date of Birth: 1

Drivers License: _____ Email: Fruivoline@Yahoo.com

Home Address: _____ City State

Cell Phone: 763 843 5670 Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes: No:

If no, who will operate it?

Operator Name: Ivo FRU TABURUM
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: / / Phone #: 763 843 5670

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: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: / / Phone: _____

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

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: _____

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.

Signature _____

Title _____

Date _____