

20190003321



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 Web Site at www.stpaul.gov/dsi

CLASS R LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application

(This application is subject to review by the public)

Business Address

(Street number/name, direction, etc.)

Name on Business Sign (DBA)

Date

Toufong Towing & Autobody, Inc.

9/30/19

Types of License(s) being applied for: (Office Use Only)

Fees

Tow Truck/Wrecker Operator	\$362.00
Tow Truck/Wrecker Vehicle (2)	\$152.00
Total	\$514.00

Licensee/Owner Name: Fong T. Lor Owner Birth Date: 6/5/71
 (Responsible Party) First Middle Last Title

Have you used any other names?(list them here) N/A

Home Address: 4612 Otter Lake Rd Whitebear Lake Rd Home Phone: (612) 998-6538
 Street Number/Name City State Zip+4

Place of Birth: Laos Driver's License # R928163475619

Business Phone: (651) 770-0403 Fax: (651) 770-4068 E-Mail: lieutenantlor@aol.com

Company Name: Toufong Towing & Autobody, Inc. Circle Type: Corporation Partnership Sole Proprietorship

Address (If different from Business Address): 1506 Buertke Rd Vadnais Heights, MN 55110
 Street Number/Name City State Zip+4

Preferred Mailing Address:

Anticipated Date of Opening: 10/15/19

Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)

Toufong Towing
1506 Buertke Rd Vadnais Heights, MN 55110
(651) 770-0403

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager if different from Applicant

Manager's Name: (Same) Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ - _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: N/A Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ / _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)

Name: N/A Other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ / _____
Street Number/Name City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

The following additional information is required for your application to be complete: (check if received)

Zoning Worksheet + Floor plan & Site plan.

Property Lease Agreement or Proof of Ownership

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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Fmr T-Z Owner 9/30/19
Applicant Signature (Required) Title Date

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

Revised 10/16/2013