

20250000476

**SAINT PAUL**
SAFETY & INSPECTIONSSaint 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. | <u>Second Hand Dealer</u> | <u>507.⁰⁰</u> |
| 2. | <u>Motor Vehicle</u> | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ 0.00 507.⁰⁰**Business Information**Business Address: 709 Minnehaha Ave E, Saint Paul, MN 55106
Street City State ZipCompany Name: Aimz Wholesale Inc Doing Business As: Ridevibe MotorsCompany Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐Date of Incorporation: 05/07/2021 Date of Anticipated Opening: 03/15/25Mailing Address: Same
Street City State ZipBusiness Phone #: 917-622-6867 Email Address: ridevibemotors@gmail.com**Applicant Information**Applicant Name: Rama Arsalan Ahmad
First Middle LastTitle: CEO Date of Birth: [REDACTED]Drivers License: [REDACTED]Home Address: [REDACTED]Cell Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes: ☒

No: ☐

Operator Name:

P

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

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 #:

Email Address:

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

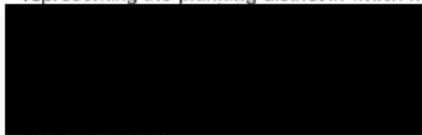
Zip

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. 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.



Ridevibe motors

Title

03-12-25

Date