



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

Received

MAY 22 2023

### Class "N" License Application

*OK*

**LICENSES ARE NOT TRANSFERRABLE**

Payment must be received with each application. This application is subject to review by the public.

City of Saint Paul - DSI

**This application requires District Council notification prior to submission.**

**Types of License(s) being applied for:**

**Fee(s):**

- |    |   |                          |
|----|---|--------------------------|
| 1. | <u>Second hand Dealer - motor vehicle</u> | <u>469 <sup>00</sup></u> |
| 2. | <u>Auto Repair Garage</u>                 | <u>469 <sup>00</sup></u> |
| 3. | _____                                     | _____                    |
| 4. | _____                                     | _____                    |
| 5. | _____                                     | _____                    |
| 6. | _____                                     | _____                    |
| 7. | _____                                     | _____                    |

**Total:** \$ 0.00

#### Business Information

Business Address: 1566 Rice St St Paul MN 55117  
Street City State Zip

Company Name: Metro Auto Deals LLC Doing Business As: Metro Auto Deals

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 1/16/2019 Date of Anticipated Opening: June 1<sup>st</sup> 2023

Mailing Address: 1566 Rice St St Paul MN 55117  
Street City State Zip

Business Phone #: 651-464-7976 Email Address: office@metroautodeals.com

#### Applicant Information

Applicant Name: Abdallah Nazih Abdallah  
First Middle Last

Title: owner Date of Birth:

Drivers License: License # Email:

Home Address:   
Street City State Zip

Cell Phone #: Alternate Phone #: \_\_\_\_\_

**Supplemental Required Information**

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

Yes:  No:

Operator Name: \_\_\_\_\_  
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: Astia Abdul Qadir  
First Middle Last

Title: partner 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.

\_\_\_\_\_  
Applicant

Owner  
Title

5/19/2023  
Date