

240000663

Received Class "N" License Application



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

APR 19 2024

City of Saint Paul - DSI

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>AUTO body Repair / PAINT</u> | <u>507</u> |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Total: ~~\$0.00~~ **507**

Business Information

Business Address: 786 S ROBERT S ST PAUL MN 55107
Street City State Zip

Company Name: EAGLE AUTO BODY LLC **Doing Business As:** _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 01/05/2009 **Date of Anticipated Opening:** _____

Mailing Address: 786 S ROBERT S ST PAUL MN 55107
Street City State Zip

Business Phone #: (651) 515-4391 **Email Address:** EAGLEAUTOBODY@HOTM

Applicant Information

Applicant Name: KAMAL ABDIRIZAK AHMED
First Middle Last

Title: OWNER **Date of Birth:** _____

Drivers License: _____ **Email:** _____
State License #

Home Address: _____
Street City State Zip

Cell Phone #: _____ **Alternate Phone #:** _____

Supplemental Required Information

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

Operator Name: KAMAL ABDIRIZAK AHMED
First Middle Last

Home Address: _____
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: KAMAL A. AHMED
First Middle Last

Home Address: _____
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.

Applicant Signature

OWNER
Title

04/16/2024
Date