CITY OF SAINT PAUL
Department of Safety and Inspections
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. Auto Repair Garage License — 469.00
b. Second Hand Dealer - Motor Vehicle Parts — 462.00
c. ____ — ____
d. ____ — ____
e. ____ — ____
f. ____ — ____
g. ____ — ____

Total: ~~$ 462.00~~ 931.00

Business Information

Business Address: 1221 pierce Butler Route st paul MN 55104
(Street / City / State / Zip)

Company Name: Car Flip Repair LLC — Doing Business As: ____

Company Type: Corporation ____ Partnership ____ Sole Proprietorship X

Date of Incorporation: 04 / 01 / 2020 — Anticipated Opening: / /

Mailing Address: ____
(Street / City / State / Zip)

Business Phone: 612-205-6532 — Fax Number: ____

Applicant Information

Applicant Name: Blanca (First) Alegria (Middle) Ortiz (Last)

Title: Owner — Date of Birth: / /

Drivers License: ____ (State / License #) — Email: [redacted]

Home Address: [redacted]
(Street / City / State / Zip)

Cell Phone [redacted] — Alternate Phone: ____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: X No: ____

If no, who will operate it?

Operator Name: Antonio Perez
First Middle Last

Home Address: [redacted]
Street City State Zip

Date of Birth: ____/____/____ Phone #: ____

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: Blanca [redacted]
First

Home Address: [redacted]
Street City State Zip

Date of Birth: ____/____/____ Phone: [redacted]

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.

[redacted] owner / manager 7-6-22

Applicant Signature Title Date