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CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
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.	Motor Vehicle Dealer License Application	375.00
b.	(New Dealer)	
c.		
d.		
e.		
f.		
g.		

Total: $ 375 -

Business Information

Business Address: 755 Prior Ave North Suite 111, St. Paul, MN 55104
Street City State Zip

Company Name: Minnesota Teardrop Trailer LLC **Doing Business As:** Vistabule Teardrop

Company Type: Corporation X Partnership ____ Sole Proprietorship X

Date of Incorporation: 9/01/2016 **Anticipated Opening:** Now /

Mailing Address: [redacted]
Street City State Zip

Business Phone: ____ **Fax Number:** ____

Applicant Information

Applicant Name: GREGORY ALBERT TAYLOR
First Middle Last

Title: OWNER **Date of Birth:** [redacted]

Drivers License: [redacted] **Email:** [redacted]
State License #

Home Address: [redacted]
St City Zip

Cell Phone: [redacted] **Alternate Phone:** [redacted]

(Continued on back)

plemental Required Information

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

If no, who will operate it?

Operator Name: Same as owner
First Middle Last

Home Address: ____
Street City State Zip

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

Are you going to have a manager or assistant in this business? Yes: X No: ____

If manager is not the same as the operator, please complete the following information:

Manager Name: Steve Gregory Cocoran
First Middle Last

Home Address: [redacted]
Street City State Zip

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

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Lily Mee Taylor
First Middle Last

Title: Chief Administrative Officer Email: lily@vistabule.com

Home Address: [redacted]
Street City State Zip

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

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]
Applicant Signature

Owner
Title

[redacted] 2023
Date