

Pass 2/14



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

Received  
MAY 03 2023

Received  
MAY 02 2023

### 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. Auto/Mech Repair Light 469.<sup>00</sup>
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Total: \$ 0.00 <sup>2</sup>

#### Business Information

Business Address: 690 - University Ave W St Paul MN 55106  
Street City State Zip

Company Name: ~~Upturn Auto LLC~~ Capital City Auto Body LLC      Doing Business As: ~~Upturn~~ Capital City Auto Body  
Company Type:      Corporation       Partnership       Sole Proprietorship

Date of Incorporation: 8/1/2014      Date of Anticipated Opening: Present

Mailing Address: 589 Marshall Ave #1 St Paul MN 55102  
Street City State Zip

Business Phone #: 612-423-4704      Email Address: joelwms4@gmail.com

#### Applicant Information

Applicant Name: Joel S Scott  
First Middle Last

Title: owner      Date of Birth: \_\_\_\_\_

Drivers License

Home Address

Cell Phone #



**Supplemental Required Information**

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

If no, who will operate it?

Operator Name: N/A  
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: N/A  
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: Joel S. Scott  
First Middle Last

Title: owner Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Officer Name: N/A  
First Middle Last

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: N/A  
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.



owner  
Title

1/25/23  
Date