20230001975

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	$469.00
b.	
c.	
d.	
e.	
f.	
g.	
Total:	$ 469.00

Business Information

Business Address: 1695 University Ave W. (Street) St. Paul (City) MN (State) 55104 (Zip)

Company Name: Greenline Auto Service And Tire → Swen Ventures LLC Doing Business As: Greenline Auto Service And Tire

Company Type: Corporation ____ Partnership X Sole Proprietorship ____

Date of Incorporation: 07 / 21 / 2023 Anticipated Opening: 01 / 01 / 2024

Mailing Address: 1695 University Ave W. (Street) St. Paul (City) MN (State) 55104 (Zip)

Business Phone: 651-644-4905 Fax Number: 651 646 0450

Applicant Information

Applicant Name: Steven (First) John (Middle) Swenson (Last) Jr

Title: Owner/Manager Date of Birth: [redacted]

Drivers License: [redacted] 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: _____ (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: _____ 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: _____

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 10-04-2023

Applicant Signature Title Date