

20250001121

OKAY TO ENTER  
ACS



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:	Fee(s):
1. <u>Auto Repair Garage</u>	<u>507</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
<b>Total:</b> <span style="border: 1px solid black; padding: 2px;">\$ 507.00</span>	

## Business Information

Business Address: 1202 Dale St N St Paul Minnesota 55117  
Street City State Zip

Company Name: Vue's Auto Repair LLC Doing Business As: Vue's Auto Repair

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: 08/01/2025

Mailing Address: 1202 Dale St N St Paul Minnesota 55117  
Street City State Zip

Business Phone #: (651) 343-9818 Email Address: vueautorepair@gmail.com

## Applicant Information

Applicant Name: Tommy Vue  
First Middle Last

Title: Owner Date of Birth: ~~REDACTED~~

Drivers License: [REDACTED] Email: [REDACTED]  
State License #

Home Address: [REDACTED]  
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:

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:

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:

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

Title

Date

Owner

7-18-2025