

Received

SEP 12 2025

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



Saint Paul, Minnesota 55101
Phone: 651-266-8989 City of Saint Paul - DSI
Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

	MODAL VEHICLE DSI BL AUTO - 00133-2025	Fee(s):
1. ✓ Second Handdealer (PARTS)		507.00
2. ✓ Auto Repair (GARAGE)	DSI BL AUTO - 00133-2025	507.00
* 3. Second Handdealer - Motor Vehicles	DSI BL AUTO 000147-2025	507.00
↳ Withholdgun		
4.		
5.		
6.		
7.		\$1,521.00
Total:		\$0.00

Business Information

Business Address: 1201 Rice St, St Paul MN 55117
Street City State Zip

Company Name: Mister Tire
 Doing Business As: MR Tire Auto Services
NEED SOPS

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 6/21/2021
 Date of Anticipated Opening: 7/01/25

Mailing Address: 1201 Rice St, St Paul MN 55117
Street City State Zip

Business Phone #: 651 487 2851
 Email Address: [REDACTED]

Applicant Information

Applicant Name: Matthew Bitrus
First Middle Last

Title: Owner
 Date of Birth: [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally?

Yes:



No:



If no, who will operate it?

Operator Name:

Matthew

Barbra

Home Address:

Date of Birth:

Are you going to have

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

Owner

Title

6/24/25

Date