OK Pat

K

Received

OCT 0 3 2023

City of Saint Paul - DSI

SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

License(s) being applied for:	Fee(s):
1. Auto Repair Garage	469.00
2. Auto Body Repair/Paint	469.00
3.	
4.	
5.	
6.	
7.	
Total:	$ 0.00

Business Information

Business Address: 881 NEWCOMB ST. (Street) ST PAUL (City) MN (State) 55106 (Zip)

Company Name: BROTHERS AUTO REPAIR LLC **Doing Business As:** BROTHERS AUTO REPAIR

Company Type: Corporation ◉ Partnership ○ Sole Proprietorship ○

Date of Incorporation: 08/10/2023 **Date of Anticipated Opening:** 09/04/2023

Mailing Address: [redacted] (Street / City / State / Zip)

Business Phone #: (651) 793-2366 **Email Address:**

Applicant Information

Applicant Name: BERSAIN (First) (Middle) MORALES ESCOBAR (Last)

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

Drivers License: [redacted] (State / License #) **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: ◉ 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: BERSAIN (First) _____ (Middle) MORALES (Last)

Title: CO-OWNER Email: [redacted]

Home Address: [redacted]

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

Officer Name: OSCAR (First) _____ (Middle) MORALES (Last)

Title: CO-OWNER Email:

Home Address: [redacted]

Date of Birth: _____ Phone #: _____

Officer Name: _____ (First / Middle / Last)

Title: _____ Email: _____

Home Address: _____ (Street / City / State / Zip)

Date of Birth: _____ Phone #: _____

[redacted]

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 addressing the planning district in which my business will operate.

[redacted]

Applicant's Signature

Owner
Title

10-03-23
Date