



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

ACS
PLEASE ENTER
4/15/25
Please call Rashidah
1-888-320-0699
FOR PAYMENT

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

Class N License Application
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Received
MAR 15 2025

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|--------------------------|----------|
| 1. | Automotive Repair Garage | \$507.00 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ 507.00

Business Information

Business Address: 1 Ridder Circle St. Paul MN 55107
Street City State Zip

Company Name: First Transit, Inc. Doing Business As:

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 9/19/1969 Date of Anticipated Opening: N/A

Mailing Address: 720 E. Butterfield Road Suite 300 Lombard IL 60148
Street City State Zip

Business Phone #: 630-849-1205 Email Address: us.corptaxdept@transdev.com

Applicant Information

Applicant Name: Mathieu Le Bourhis
First Middle Last

Title: CFO Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: us.corptaxdept@transdev.com

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes: ☐ No: ☒

Operator Name: Paul

Buharin

Home Address:

Date of Birth:

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: See enclosed

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.

Mathieu Le Bourhis

CFO

Title

3/5/2025

Date