



**SAINT PAUL**  
SAFETY & INSPECTIONS

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

## 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. | AUTO REPAIR SHOP LICENSE  | 507   |
| 2. | + 2ND HAND DEALER (PARTS) | 507 — |
| 3. |                           |       |
| 4. |                           |       |
| 5. |                           |       |
| 6. |                           |       |
| 7. |                           |       |

Total: \$-507.00  
\$ 1014.00

### Business Information

Business Address: 206 wabasha st s      St. Paul      MN      55107  
Street      City      State      Zip

Company Name: All Things Auto, LLC      Doing Business As: All Things Auto and Tire

Company Type:      Corporation ☐      Partnership ☐      Sole Proprietorship ☒

Date of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: 03/01/2025

Mailing Address: 206 Wabasha St      St. Paul      MN      55107  
Street      City      State      Zip

Business Phone #: (612) 978-5108      Email Address: ramahi450@yahoo.com

### Applicant Information

Applicant Name: Saleh      Yousef      Ramahi  
First      Middle      Last

Title: owner      Date of Birth: [REDACTED]

Drivers License: [REDACTED]      Email: ramahi450@yahoo.com

Home Address: [REDACTED]  
 Cell Phone #: [REDACTED]

### Supplemental Required Information

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

Yes: ☒

No: ☐

Operator Name: saleh vounis ramahi

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:

Home Address:

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.

[Redacted Signature]

owner/operator

Title

01/07/2025

Date