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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.

[redacted]

This application requires District Council notification prior to submission.

Types of License(s) being applied for: **Fee(s):**

1. Second Hand Dealer - Motor Vehicle — 507.00
2. Auto Repair Garage — 507.00
3. _____
4. _____
5. _____
6. _____
7. _____

Total: $ 0.00 / 1014.00

Business Information

Business Address: 803 Earl St, (Street) St Paul (City) Mn (State) 55106 (Zip)

Company Name: Earl Street Auto Sales And Repairs LLC **Doing Business As:** Same

Company Type: Corporation ☑ Partnership ○ Sole Proprietorship ☑ LLC

Date of Incorporation: _____ **Date of Anticipated Opening:** [redacted]

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

Business Phone #: 209-445-8834 **Email Address:** earlstreetautosales@gmail.com

Applicant Information

Applicant Name: Sundle (First) Ngoh (Middle) Nyah (L[redacted])

Title: Owner **Date of Birth:** [redacted]

Drivers License [redacted]

Home Address [redacted]

Cell Phone # [redacted]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ☑ No: ○
If no, who will operate it?

Operator Name: Sunde Ngoh Nyah

Home Addr[redacted]

Date of Birt[redacted]

Are you going to ha[redacted]

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 rep[redacted] in which my [redacted].

[redacted]

Applica[redacted]

Owner
Title

01/02/2025
Date