



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Web: www.stpaul.gov/dsi

Received

JUL 11 2023

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Auto Repair Garage 469.00
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$0.00 469.00

Business Information

Business Address: 475 Como Ave St. Paul MN 55103
Street City State Zip

Company Name: Rudy's Auto Repair LLC. Doing Business As: Rudy's Auto Repair

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: _____ Date of Anticipated Opening: 08/08/2023

Mailing Address: 941 West Minnehaha Ave St. Paul MN 55104
Street City State Zip

Business Phone #: (651) 352-9494 Email Address: rudys213@gmail.com

Applicant Information

Applicant Name: Sandra Medina
First Middle Last

Title: Owner Date of Birth: 12/05/1979

Drivers License: MA 10590254 Email: medina.sandra@gmail.com
State License #

Home Address: 10590254 Medina MA 02138
Street City State Zip

Cell Phone #: 617-204-2042 Alternate Phone #: _____

Supplemental Required Information

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

Yes: ☒

No: ☐

Operator Name:

Home Address: 502 Fattel St N Maricruz MI 48129
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: Maricruz

Hernandez

Home Address: 222 Fattel St N Maricruz MI 48129
Street City State Zip

Date of Birth: 7/1/1974 Phone #: (313) 370-2283 Email Address: Amaz3873@gmail.com

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.

Applicant Signature

Title

Date

Owner

7-11-23