



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
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.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|---|---------------|
| a. | <u>Auto Repair Garage License</u> | <u>469.00</u> |
| b. | <u>Second Hand Dealer - Motor Vehicle Parts</u> | <u>462.00</u> |
| c. | _____ | _____ |
| d. | _____ | _____ |
| e. | _____ | _____ |
| f. | _____ | _____ |
| g. | _____ | _____ |

Total:

931.00
\$ 931.00

Business Information

Business Address: 1221 pierce Butler Route st paul MN 55104
Street City State Zip

Company Name: Car Flip Repairs LLC Doing Business As: _____

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 04 / 01 / 2020 Anticipated Opening: / /

Mailing Address: _____
Street City State Zip

Business Phone: 612-205-6532 Fax Number: _____

Applicant Information

Applicant Name: Blanca Alegria Ortiz
First Middle Last

Title: Owner Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ 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: Antonio Perez

Home Address: [REDACTED]

Date of Birth: 1 / 1 Phone #: [REDACTED]

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: Blanca albanian

Home Address: [REDACTED]

Date of Birth: 1 / 1 Phone: [REDACTED]

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: [REDACTED]

Title: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: 1 / 1 Phone: [REDACTED]

Officer Name: [REDACTED]

Title: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: 1 / 1 Phone: [REDACTED]

Officer Name: [REDACTED]

Title: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]

Date of Birth: 1 / 1 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.

Applicant Signature

Title

Date

owner / manager 7-6-22