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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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Auto Repair Shop 507.00
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00

Business Information

Business Address: 1200 West 7th Street, St. Paul, MN 55102
Street City State Zip

Company Name: Muler Auto Repair LLC **Doing Business As:** Same

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☒

Date of Incorporation: 5/5/2002 **Date of Anticipated Opening:** 3/3/2024 or sooner

Mailing Address: _____
Street City State Zip

Business Phone #: _____ **Email Address:** mulerauto600@gmail.com

Applicant Information

Applicant Name: Malageta Zemicael Mosarghi
First Middle Last

Title: Owner **Date of Birth:** _____

Drivers License: _____ **Email:** _____
State License #

Home Address: _____
Street City State Zip

Cell Phone #: _____ **Alternate Phone #:** _____

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐

If no, who will operate it?

Operator Name: _____

First

Middle

Last

Home Address: _____

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: _____

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 representing the business in which my business will operate.

Applicant

Title

Date

Owner

January 8, 2003