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Received
JUN 14 2023
City of Saint Paul - DSI

OK to enter per JNV/JMF

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. Gas Station	104.00
2. Tobacco Shop	495 - ~~488.00~~
3. Auto Repair Garage	~~469.00~~
4.	
5.	
6.	
7.	
Total:	~~$0.00~~ 1068.

Business Information

Business Address: 304 Wheelock Pkwy E (Street) St. Paul (City) MN (State) 55130 (Zip)

Company Name: Royalty and Sons Inc. **Doing Business As:** Parkway Marathon

Company Type: Corporation ◉ Partnership ○ Sole Proprietorship ○

Date of Incorporation: 04/13/2006 **Date of Anticipated Opening:** 06/21/2023

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

Business Phone #: (952) 220-0055 **Email Address:** faisald@brooklynbp.com

Applicant Information

Applicant Name: Zuhair (First) Fawzi (Middle) Dahdal (Last)

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

Drivers License: [redacted] (State / License #) **Email:** [redacted]

Home Address: [redacted] (Street) [redacted] (City) [redacted] (State) [redacted] (Zip)

Cell Phone #: [redacted] **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: Faisal (First) Zuhair (Middle) Dahdal (Last)

Home Address: ____ Street ____ City ____ State ____ Zip

Date of Birth: [redacted] Phone #: [redacted] Email Address: [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: ____ 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 [redacted] ____ 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.

X [redacted] — Applicant Signature

CEO — Title

06/12/2023 — Date