20240000006



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Received
JAN 02 2024
City of Saint Paul - DSI

# Class "R" 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. TOBACCO SHOP _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

**Total:** $ 0.00

## Business Information

**Business Address:** 1055 4TH ST E (Street) ST. PAUL (City) MN (State) 55106 (Zip)

**Company Name:** SANAA LLC **Doing Business As:** TWINS MARKET & MEAT

**Company Type:** Corporation ◉ Partnership ○ Sole Proprietorship ○

**Date of Incorporation:** 11/24/2023 **Date of Anticipated Opening:** 12/01/2023

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

**Business Phone #:** [redacted] **Email Address:** [redacted]

## Applicant Information

**Applicant Name:** MUSTAFA (First) OTHMAN (Middle) AL ZEHHAWI (Last)

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

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

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

**Cell Phone #:** [redacted] **Alternate 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:** _____
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 planning district in which my business will operate.

[redacted] OWNER 01/02/2024
Applicant Signature Title Date