

20210002140



CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsj

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. Gas Station License \$102.00
- b. Alarm Permit \$39.00
- c. Cig/Tob. \$488.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 141.00 -

Business Information

Business Address: 675 7th Street W, St Paul, MN 55102
Street City State Zip

Company Name: Embabi & Sons LLC Doing Business As: West 7th Street Marathon

Company Type: Corporation _____ Partnership _____ Sole Proprietorship X

Date of Incorporation: 12 / 02 / 2019 Anticipated Opening: _____ / _____ / _____

Mailing Address: _____
Street City State Zip

Business Phone: 763-744-6971 Fax Number: _____

Applicant Information

Applicant Name: Mohamed A Embabi
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: X No: _____

If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone #: _____

Are you going to have a manager or assistant in this business? Yes: _____ No: X

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: _____

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.

Applicant Signature

Title

Date

Owner

10/25/21