



**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](http://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): 495.00  
~~498.00~~

- a. GAS STATION LICENSE
- b. TABACCO SHOP LICENSE
- c. Cig/Tob.
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

104.00

Total: \$ 599.00

**Business Information**

623 Como Ave, St. Paul 55102

Business Address: \_\_\_\_\_ Street City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name: FRONTIER MN LLC Doing Business As: BP

Company Type: Corporation \_\_\_\_\_ Partnership X Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 2/2/2020 Anticipated Opening: 11/1/2022

Mailing Address: \_\_\_\_\_ Street City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: 919-579-2352 Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: MUHAMMAD J KHAN  
First Middle Last

Title: MANAGER Date of Birth: 1/1/1988

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

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: MUHAMMAD J KHAN

Home Address: \_\_\_\_\_

Date of Birth: 1 / 1 / Phone #: \_\_\_\_\_

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: SAME AS ABOVE (MYSELF)

Home Address: \_\_\_\_\_

Date of Birth: 1 / 1 / Phone: \_\_\_\_\_

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

Officer Name: MOHAMMAD PARAKHTA

Title: MEMBER Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: 1 / 1 / Phone: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: 1 / 1 / Phone: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: 1 / 1 / 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

MANAGER

10/11/2022