



LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
This application is subject to review by the public.

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	-
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Business Address:	675 7th Street W, Street	St Paul, City	MN State	55102 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:				
Business Phone:	763-744-6971	Fax Number:		

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