

## SAINT PAUL SAFETY & IMSPECTIONS

Saint Paul, Minnesota 55101 Phone: 651-266-8989

Web: www.stpaul.gov/dsi

## Received "R" License Application

## LICENSES ARE NOT TRANSFERRABLE

JAN 02 2024 Payment must be received with each application. This application is subject to review by the public.

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s	) being applied for:		Fee(s):				
1. TOBA	CCO SHOP						
2.							
3.							
4.							
5.		Access to the con-					
6.							
7.							
			Total: \$ 0.	00			
siness Information	1						
Business Address:	1055 4TH ST E	ST. PAUL	MN	55106			
Company Name:			Oity State Zip  Doing Business As: TWINS MARKET & MEAT				
	Corporation	Partnership 🔘	Sole Proprietorship	0			
te of Incorporation:	11/24/2023	Date of Anticipated O	pening: 12/01/2023				
Mailing Address:	Silber	Lity	State	Zip			
Business Phone #:		7.4	I Address:	4.9			
Applicant Informa	tion						
Applicant Nam	e: MUSTAFA		AL ZEHHAWI				
Title	First OWNER	Middle	Last of Birth:				
Drivers License:	State License #	Email:		······································			
Home Address:							
	Street	Elty	State	Zip			

Home Address:	- 130	M1	an:	last		
Home Address.						
	Street		City		State	Zip
Date of Birth: _		Phone #:		Email Address: _		
are you going to have a	manager or as	sistant in this business	? Yes:	No:		
f manager is <u>not</u> the sa	ame as the oper	ator, please complete t	he following infor	mation:		
Manager Name:						
F	irst	Mid	ddle	Last		
Home Address:	itreet		Cltv		State	Zip
		Phone #:			June	
Officer Name:	First		ddle	Last		
Title:			Email:			
Home Address:	Street		City		State	Zip
Date of Division		Phone #:				
Date of Birth:		FIIOHE #				
Date of Birth;		Frione #				
Officer Name:				l act		
Officer Name:	First	М	ddle	Last		
Officer Name: Title:	First	M	ddle Email:			
Officer Name: Title:	First	М	ddle Email:		State	Zĺp
Officer Name: Title: Home Address:	First	M	ddle Email:			
Officer Name: Title: Home Address:	First	MI	ddle Email:			
Officer Name: Title: Home Address:	First	Phone #:	ddle Email:			
Officer Name: Title: Home Address: Date of Birth: Officer Name:	First First	Phone #:	ddle Email: City	Last	State	
Officer Name: Title: Home Address: Date of Birth:	First First	Phone #:	ddle Email: City		State	
Officer Name: Title: Home Address: Date of Birth: Officer Name:	First Street	Phone #:	ddle Email: City	Last	State	