

11/14/2023 pd w/ cash \$535.00 2L

ok to enter per JMW



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/dsi](http://www.stpaul.gov/dsi)

20230002089

Class "R" 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. TOBACCO SHOP 535.00

b. \_\_\_\_\_ \_\_\_\_\_

c. \_\_\_\_\_ \_\_\_\_\_

d. \_\_\_\_\_ \_\_\_\_\_

Total: \$ -

Received

NOV 14 2023

City of Saint Paul - DSI

Business/Applicant Information

Business Address: 361 Earl St. St. Paul MN 55106  
Street City State Zip

Mail To Address: 361 Earl St. St. Paul MN 55106  
Street City State Zip

Company Name: MNA GROCERY LLC Doing Business As: MNA GROCERY

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

Licensee/Owner Name: MARWAN WARDI  
(Responsible Party) First Middle

Title: OWNER Driver's License: \_\_\_\_\_  
State License #

Date of Birth: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: \_\_\_\_\_  
First Middle Last

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

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

Email Address: \_\_\_\_\_

Please list all other Person(s) to Appear on the Business License (Attach another sheet if applicable.)

Select Type: Officer \_\_\_\_\_ Partner \_\_\_\_\_ Shareholder \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

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

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

Email Address: \_\_\_\_\_

Select Type: Officer \_\_\_\_\_ Partner \_\_\_\_\_ Shareholder \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

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

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

Email Address: \_\_\_\_\_

Select Type: Officer \_\_\_\_\_ Partner \_\_\_\_\_ Shareholder \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

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

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

Email Address: \_\_\_\_\_

Select Type: Officer \_\_\_\_\_ Partner \_\_\_\_\_ Shareholder \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

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

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

Email Address: \_\_\_\_\_

**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 hereby state further that I have received no money or other consideration by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any time when the business is in operation.

  
Signature

**OWNER**  
Title

**10/22/2023**  
Date