

20230000864



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

Received

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

MAY 15 2023

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

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

a.

Tobacco License.

b.

c.

d.

Total:

\$

-

Business/Applicant Information

Business Address: 879 Fremont Ave St. Paul MN. 55106
Street City State Zip

Mail To Address: 11888 Zumbrota St. NE Blaine MN 55449
Street City State Zip

Company Name: Bricks Snacks & Tobacco Doing Business As: Some.

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒ LLC

Licensee/Owner Name: Buthayna M Jebreen
(Responsible Party) First Middle Last

Title: CEO Driver's License: [REDACTED]
State License #

Date of Birth: [REDACTED]

Applicant Home Address: [REDACTED]
Street City State Zip

Home Phone #: [REDACTED] Business Phone #: (612) 234-0389

Fax #: [REDACTED] Email: [REDACTED]

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: Aymon A Tel
First Middle Last

Home Address: [REDACTED]
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED]

Email Address: [REDACTED]

(Continued on back)

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.



Title

Date

CEO

5/15/2023