



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi **City of Saint Paul - DSI**

Received **OKAY TO ENTER**
OCT 02 2024

Class "R" License Application
20240001734

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):

- 1. Tobacco License \$535.00
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 0.00

Business Information

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

Company Name: YABricks Snacks & Tobacco **Doing Business As:** Retail Store

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: April 2024 **Date of Anticipated Opening:** October 2024

Mailing Address: 879 Fremont Ave. Saint Paul MN 55106
Street City State Zip

Business Phone #: 651-239-5119 **Email Address:** [REDACTED]

Applicant Information

Applicant Name: Ahmed Mohamed
First Middle Last

Title: Owner **Date of Birth:** [REDACTED]

Drivers License: [REDACTED] **Email:** [REDACTED]

Home Address: [REDACTED]
City State Zip

Cell Phone #: [REDACTED] **Alternate Phone #:** _____

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: _____
First Middle Last
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____ Email Address: _____

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: Yohannes W GUBSA
First Middle Last
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____ Email Address: _____

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant: _____ Title: owner Date: 09/27/2024