



SAINT PAUL
SAFETY & INSPECTIONS

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

Class "N" License Application

Received

LICENSES ARE NOT TRANSFERRABLE

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

JUN 07 2023

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1.	Gas station	104.00
2.	TOBACCO SHOP	495.00
3.		
4.		
5.		
6.		
7.		

Total: \$0.00

599.00

Business Information

Business Address: 296 7th St E St Paul MN 55101
Street City State Zip

Company Name: Kareem Inc. Doing Business As: I Mart - St Paul

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 11-04-2022 Date of Anticipated Opening: 06-06-2023

Mailing Address: [REDACTED]

Business Phone #: 708-966-0514 Email Address: operations@imartllc.com

Applicant Information

Applicant Name: Minadel Subhi Rizek
First Middle Last

Title: President Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: operations@imartllc.com

Home Address: [REDACTED]

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: Erik Patrick Thibault
First Middle Last

Home Address: _____

Date of Birth: _____

Please list all other officers of the corporation (Name, Title, Street Address, Phone #, City, State, Zip)

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 Signature Title Date
President 06-06-2023