

1/23/2024  
to enter



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

### Class "N" License Application

**LICENSES ARE NOT TRANSFERRABLE**

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

Received

NOV 20 2024

*This application requires District Council notification prior to submission.*

#### Types of License(s) being applied for:

Fee(s):  
City of Saint Paul - DSI

- 1. Tobacco Shop 535.00
- 2. Gas Station 154.00
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Total: \$ 689.00**

#### Business Information

Business Address: 1184 Maryland Avenue East Saint Paul MN 55016  
Street City State Zip

Company Name: Minipac LLC Doing Business As: Minipac

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 11/14/2024 Date of Anticipated Opening: \_\_\_\_\_

Mailing Address: 1184 maryland ave e saint paul mn 55106  
Street City State Zip

Business Phone #: (612) 814-3527 Email Address: minipacllc@yahoo.com

#### Applicant Information

Applicant Name: TAREQ NIDAL ALAJRAMI  
First Middle Last

Title: OWNER Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED] Email: MINIPACLLC@YAHOO.COM  
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: \_\_\_\_\_

### Supplemental Required Information

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

Yes:  No:

Operator Name: Tareo  
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: \_\_\_\_\_  
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

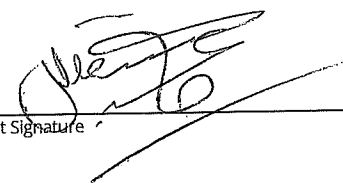
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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 Signature

OWNER  
Title

11/18/2024  
Date