

180004316



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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.

Types of License(s) being applied for:

Fee(s):

- a. GAS STATION \$76.00
- b. CIGARETTE / TOBACCO LICENSE \$453.00
- c. ALARM PERMIT \$38.00
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$567.00

Business Information

Business Address: 1184 E. Maryland Ave Unit A St Paul MN 55106
Street City State Zip

Company Name: Mini Pac LLC Doing Business As: Mini Pac

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 10 29 2018 Anticipated Opening: 11 120 2018

Mailing Address: _____
Street City State Zip

Business Phone: 651-771-6000 Fax Number: 651-771-6003

Applicant Information

Applicant Name: Randy Khalil HAMMAD
First Middle Last

Title: Member

Date of Birth: _____

Drivers License: _____ State License # _____ Email: randyhammad@gmail.com

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally? Yes: X No:

If no, who will operate it?

Operator Name: Randy KHALIL HAMMAD

Home Address: _____
Street City State Zip 41

Date of Birth: _____ Phone #: _____

Are you going to have a manager or assistant in this business? Yes: yes No: X

If manager is not the same as the operator, please complete the following information:

Manager Name: ~~NATASHA~~ Sabrina Randy HAMMAD

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Randy Khalil HAMMAD
First Middle Last

Title: owner/member 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.

Title CEO Date 11/13/2018