



**SAINT PAUL**  
SAFETY & INSPECTIONS

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806  
Tel: 651-266-8989 | Fax: 651-266-9124  
Visit our web site: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**FOLDER #**  
(for office use only)

**Vacant Building \$5,000.00 Performance Deposit**

Today's Date: 11/24/2025

Vacant Building Address: 430 Dale St. N. St. Paul, MN 55103

Depositor's Name: Mohammed Ambo

(Please print clearly and legibly)

Depositor's Address: 2600 Spruce St.

(Street Address)

Little Canada, MN 55117

(City, State, Zip)

Depositor's Daytime Phone 651-434-2389

(Include Area Code)

Depositor's Fax Number: \_\_\_\_\_

(Include Area Code)

When your project is completed and approved, your \$5,000.00 performance deposit, plus interest, will be refunded to you.

I understand that all items listed on the inspection report must be corrected within six (6) months and where applicable (Category 3 Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. **It may be possible to get an additional six (6) months to complete project if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.**

I also understand that this property shall not be occupied until ALL code corrections are made and written authorization to occupy is obtained.

Please indicate below the address your refund check should be sent to:

Name: Tawhid Islamic Center of Minnesota

Street Address: 1001 Westgate Drive

Street Address: \_\_\_\_\_

City, State, Zip: St. Paul, MN 55114

**Make checks payable to: City of Saint Paul**

**If paying by credit card, complete the following information:**

*A 2.49% service fee will be charged for all credit or debit card transactions and will appear as a separate transaction on your card statement. This fee is charged by the service provider DSI uses to handle credit card transactions. The City does not receive any of the fees.*

**Signature of Cardholder (required for all charges):**

☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

Security  
Code ►

Expiration  
Month/Year ►

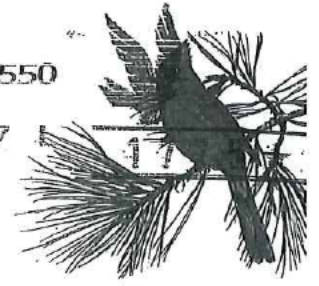
Enter Account  
Number ►►

From:

Tawhid Islamic Center  
1001 Westgate Dr.  
St. Paul, MN 55114

SAINT PAUL MN 550

25 NOV 2025 PM 7



FOREVER / USA

Received

VB

DEC 01 2025

City of Saint Paul - DSJ

55101-160670

To:

City of St. Paul  
375 Jackson St. Ste. 22  
St. Paul, MN 55101

|                                    |                     |                         |                   |
|------------------------------------|---------------------|-------------------------|-------------------|
| TAWHID ISLAMIC CENTER OF MINNESOTA |                     | 17-2/910                | 1199              |
| (TICM)                             |                     |                         |                   |
| 1001 WESTGATE DR                   |                     | DATE                    | 11/24/2025        |
| SAINT PAUL, MN 55114-1065          |                     |                         |                   |
|                                    | PAY TO THE ORDER OF | <u>City of St. Paul</u> | \$ <u>5000.00</u> |
|                                    |                     | <u>Five thousand</u>    | DOLLARS           |
|                                    |                     |                         |                   |
|                                    |                     |                         | MP                |