



CITY OF ST. PAUL
 DEPARTMENT OF SAFETY AND INSPECTIONS
 375 JACKSON STREET, SUITE 220
 ST. PAUL, MINNESOTA 55101-1806
 Phone: 651-266-8989 Fax: 651-266-9124
 Visit our Website at: 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)

20110004476

RECEIVED IN D.S.I.
 NOV 07 2011

Types of License(s) being applied for: (Office Use Only)

Fees

RETAIL FOOD GROCERY (C) 1001-3000sf	408.00
Cigarette Tobacco	431.00
RETAIL FOOD RESTRICTED	79.00
GAS PUMP	72.00
Alarm PERMIT - sticker 19819	27.00
Total	997.00

Anticipated Date of Opening: 12/01/2011

3.2 HALT OFF-SALE LAUNDRY PICK UP

191.00
72.00

Company Name: SHAMIM SUNDRANI

(Circle: Corporation Partnership Sole Proprietorship)

Sole Proprietorship

If business is incorporated, give date of incorporation:

Business Name (DBA): ALY'S MARKET

Business Phone: ()

Business Address (business location): 1530 Sherwood Ave St. Paul MN 55119

Street (#, Name, Type, Direction)

City

State

Zip + 4

Between what cross streets is the business located? Prosperity & Sherwood Which side of the street? Right

Mail To Address (if different than business address): Same as above

Street (#, Name, Type, Direction)

City

State

Zip + 4

APPLICANT INFORMATION:

Name and Title: SHAMIM AHMED SUNDRANI OWNER

First

Middle

Last

First

Title

Home Address:

Street (#, Name, type, Direction)

City

State

Zip + 4

Date of Birth:

of Birth:

Home Phone:

Driver License:

State of Issue:

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES NO

Date of Arrest: Where?

Charge:

Conviction: Sentence:

List licenses which you currently hold, formerly held, or may have an interest in: 117 E Cellogg Blvd Suite 230

Saint Paul MN 55101
Retail food & malt off sale

Have any of the above named licenses ever been revoked? YES NO If yes, list the dates and reasons for revocation:

Are you going to operate this business personally? YES NO If not, who will operate it?

First Name

Middle Initial

(Maiden)

Last

Date of Birth

Home Address: Street (#, Name, Type, Direction)

City

State

Zip + 4

Phone Number

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? X YES . NO If the manager is not the same as the Operator, please complete the following information:

 First Name Middle Initial (Maiden) Last Date of Birth
 ()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
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M.M. SUNDHANI	OWNER				
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If business is a partnership, please include the following information for each partner (use additional pages if necessary):

 First Name Middle Initial (Maiden) Last Date of Birth
 NA ()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

 First Name Middle Initial (Maiden) Last Date of Birth
 ()

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: 1178177

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS 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 hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications)

Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – "1" is most preferred):

Phone Number with area code: (_____) _____ Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

Phone Number with area code: (_____) _____ Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

Mail: 1530 Sherwood Ave Saint Paul MN 55119
Street (#, Name, Type, Direction) City State Zip + 4

Internet: Shamin.Sundrani@Kahro.com
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

**** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. ****

Signature of Cardholder (required for all charges): _____

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa										Expiration Month/Year ▶▶						
Enter Account Number ▶																



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Fees

Total

Anticipated Date of Opening: ___/___/___

Company Name: _____ (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: _____

Business Name (DBA): _____ Business Phone: (_____)

Business Address (business location): 1530 Sherwood Ave
 Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? _____ Which side of the street? _____

Mail To Address (if different than business address): _____
 Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title: AHMED A SUNDRANI (Partner)
 First Middle (Maiden) Last Title

Home Address: _____
 Street (#, Name, type, Direction) State Zip + 4

Date of Birth: _____ Place of Birth: _____ Home Phone: _____

Driver License: _____ State of Issue: _____

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES _____ NO X

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: NONE

Have any of the above named licenses ever been revoked? _____ YES _____ NO If yes, list the dates and reasons for revocation: _____

Are you going to operate this business personally? X YES _____ NO If not, who will operate it? _____

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? YES NO If the manager is not the same as the Operator, please complete the following information:

RUBINA S BHOJANI
 First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Licensee Work History(list name, address and phone number of all employers for the previous 5 year period)

MTE - 14 years
 Muscular Skeletal related Transplantain Foundation

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name Middle Initial (Maiden) Last Date of Birth

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

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Signature (REQUIRED for all applications)

Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE

(please rank in order of preference – "1" is most preferred):

X Phone Number with area code: _____ Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

X Phone Number with area code: _____ Extension _____
Check the type of Phone Number listed above: Business Home Cell Fax Pager

X Mail: ahmedsundrani@mcn.com
Street (#, Name, Type, Direction) _____ City _____ State _____ Zip + 4 _____

Internet: _____
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
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**** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. ****

Signature of Cardholder (required for all charges): _____

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa										Expiration Month/Year										
Enter Account Number ▶										▶▶										