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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](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.

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 MINN 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

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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:

~~MAHMOUD~~ Sabreen

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.

CEO

Title

11/13/2018

Date