

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)

Types of License(s) being applied for: (Office Use Only) Fees GROCER (C) 1001- 3000 st 8 Anticipated Date of Opening: 12/0//2011 LAUNDRY PICK UP Company Name: SHAMIM SUNDRANI (Circle: Corporation Partnership) If business is incorporated, give date of incorporation: Business Name (DBA): ALY'S Business Phone: (Business Address (business location): 1530 Sherwood Ave St. Pawl MN 557 Street (#, Name, Type, Direction) City State Between what cross streets is the business located? Prospanty & the wood Which side of the street? Right Mail To Address (if different than business address): above Street (#, Name, Type, Direction) City State Zip + 4APPLICANT INFORMATION: Name and Title: SHAMIM AHMED SUNDRANI

Home Address: State Street (#, Name, type, Direction) City 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 Charge: ___ Sentence:_ Conviction: ___ List licenses which you currently hold, formerly held, or may have an interest in: 117 E Icellogy Rand Sulle 230 Have any of the above named licenses ever been revoked? YES X NO If yes, list the dates and reasons for revocation: Are you going to operate this business personally? ______NO If not, who will operate it? First Name Middle Initial (Maiden) Date of Birth Last Home Address: Street (#, Name, Type, Direction) State Phone Number City Zip + 4Revised 06/29/2010

ION (Continued): nager or assistant in this but the following information:	usiness? X	YES	NO If the mana	ger is not the same as the
Middle Initial	(Maiden)		Last	Date of Birth
				()
ame, Type, Direction)	City	State	Zip + 4	Phone Number
	mber of all emp	oyers for the pre	evious 5 year per	iod)
	l pages if neces		Dunimass	Date of
				Birth
Address		1 Hone		-
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please include the followin \(\sum_{\text{A}} \) Middle Initial	g information f (Maiden)	or each partner	(use additional	pages if necessary): Date of Birth
Tuno Direction	City	State	Zin + 4	() Phone Number
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Middle Initial	(Maiden)		Last	Date of Birth
·				(
ame, Type, Direction)	City	State	Zip + 4	Phone Number
ta, 1984, Chapter 502, Article 8 f Minnesota Commissioner of F at Data Practices Act and the Fe on Number: / be used to deny the issuance of	Revenue, the Minr deral Privacy Act or renewal of your	esota business tax of 1974, we are re license in the ever	quired to advise your tyou owe Minnes	ou of the following regarding the total sales, employer's withholding revenue. However, under the
nformation, the licensing autho Information Agreement, the De mbers (Sales & Use Tax Numb 00 Robert Street North, Saint Pa	epartment of Reve er) may be obtain aul, MN (651-296	nue may supply thed from the State o	is information to tr	e Internal Revenue Service.
nformation, the licensing autho Information Agreement, the De mbers (Sales & Use Tax Numb 00 Robert Street North, Saint Pa	epartment of Reve er) may be obtain	nue may supply thed from the State o	is information to tr	e Internal Revenue Service.
	Middle Initial ame, Type, Direction) ame, address and phone nu Home Address NI DIN NCT please include the followin Middle Initial ame, Type, Direction) Middle Initial ame, Type, Direction) CATION NUMBER ta, 1984, Chapter 502, Article 8 Mit Data Practices Act and the Feat Data Practices Act and the Pra	Middle Initial (Maiden) ame, Type, Direction) City corporation (use additional pages if necess Home Address NI DWYCT please include the following information f Middle Initial (Maiden) ame, Type, Direction) City Middle Initial (Maiden) ame, Type, Direction) City CATION NUMBER ta, 1984, Chapter 502, Article 8, Section 2 (270.7 f Minnesota Commissioner of Revenue, the Minnest Data Practices Act and the Federal Privacy Act	Middle Initial (Maiden) ame, Type, Direction) City State corporation (use additional pages if necessary): Home Home Address Phone NI DWYCT please include the following information for each partner Middle Initial (Maiden) ame, Type, Direction) City State Middle Initial (Maiden) ame, Type, Direction) City State CATION NUMBER ta, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance of Minnesota Commissioner of Revenue, the Minnesota business tax at Data Practices Act and the Federal Privacy Act of 1974, we are recombinable.	Middle Initial (Maiden) Last Tame, Type, Direction) City State Zip + 4 Tame, address and phone number of all employers for the previous 5 year period and phone number of all employers for the previous 5 year period and phone Last Home Address Home Home Business Phone Phone Phone NI DIAMET Middle Initial (Maiden) Last Middle Initial (Maiden) Last Middle Initial (Maiden) Last Ame, Type, Direction) City State Zip + 4 Middle Initial (Maiden) Last CATION NUMBER ta, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licen for Minnesota Commissioner of Revenue, the Minnesota business tax identification num at Data Practices Act and the Federal Privacy Act of 1974, we are required to advise years.

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ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

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 beath 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: usiness
X Mail: 1530 Sherwood Ave Saint Paul MN 55119
Street (#, Name, Type, Direction) City State Zip + 4 Internet: Shamin Sundrani e Hahro 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 Vis ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa
Enter Account Number ▶



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CLASS N LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

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Types of License(s) being applied for: (Office Use Only)	Fees
Total	
Anticipated Date of Opening://	
Company Name:(Circle: Corporation Partnership	Sole Proprietorship)
If business is incorporated, give date of incorporation:	, , , , , , , , , , , , , , , , , , ,
	1
Business Name (DBA): Business Phone: () Business Address (business location): 5 3 > 5 h or wet A A	
Street (#, Name, Type, Direction) City S	State Zip + 4
Between what cross streets is the business located? Which side o	f the street?
Mail 10 Address (if different than business address):	
Street (#, Name, Type, Direction) City	State Zip + 4
APPLICANT INFORMATION:	· · · · · · · · · · · · · · · · · · ·
Name and Title: AHMED A SUNDRANI First Middle (Maiden) Last	(Partner)
Home Address:	Title
Street (#, Name, type, Direction)'	Zip + 4
Date of Birth: clome Phone	et e
Driver License: State of Issue:	
State of Issue:	
Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES	5 NO X
Date of Arrest: Where?	
Charge:	
Conviction: Sentence:	
List licenses which you currently hold, formerly held, or may have an interest in:	
de de la company	
Have any of the above named licenses ever been revoked?YESNO If yes, list the dates and I	
NO if yes, list the dates and i	easons for revocation:
Are you going to operate this business personally?NO If not, who will operate it?	
NO If not, who will operate it?	
First Name Middle Initial (Maiden) Last	
First Name Middle Initial (Maiden) Last	Date of Birth
)
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Pho	one Number Revised 06/29/2010

APPLICANT INFO	ORMATION (Continued) : eve a manager or assistant in t	X	v Tra	(O. 70.4)				
Are you going to ha Operator, please co	ive a manager or assistant in t mplete the following informa	this business?/\tion:	YESN	O If the mana	nger is not the same as the			
RUBINA			B#1	JANI	Date of Birth			
First Name	Middle Initial	(Maiden)		Last	Date of Birth			
		- 76-1						
Home Address: Str	reet (#, Name, Type, Direction	City	State	Zip + 4	Phone Number			
	tory(list name, address and pho				·····			
MTF-	14 years.							
MUSCA	v ? Metilel	skellel	Trom	& plant	ain Formalate			
	·	d						
List all other officer	rs of the corporation (use add	itional pages if pagess	.mer).					
Officer	Title Home		Home	Business	Date of			
Name	Addres	S	Phone	Phone	Birth			
			•					
If business is a part	nership, please include the fol	llowing information fo	r each partner	(use additional	pages if necessary):			
First Name	Middle Initial	(Maiden)		Last	Date of Birth			
					()			
Home Address: Str	eet (#, Name, Type, Direction) City	State	Zip + 4	Phone Number			
First Name	Middle Initial	(Maiden)	<u> </u>	Last	Date of Birth			
		\	:					
Home Address: Str	reet (#, Name, Type, Direction	i) City	State	Zip + 4	Phone Number			
	DENTIFICATION NUMBER							
	f Minnesota, 1984, Chapter 502, A he State of Minnesota Commission				uses), licensing authorities are about the social security number			
of each license applica	nt.							
		the Federal Privacy Act o	f 1974, we are red	quired to advise yo	ou of the following regarding the use			
of the Minnesota Tax I This inform		ance or renewal of your li	cense in the even	t vou owe Minnes	ota sales, employer's withholding or			
motor vehic	cle 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 Identifi Business Records Dens	cation Numbers (Sales & Use Tax artment, 600 Robert Street North, S	Number) may be obtained	from the State of	Minnesota,				
		Janie I aui, 17111 (US 1-29U-C	101).					
Minnesota Tax Ider	ntification Number:							
☐ If a Minnesota	Tax Id is not required for the	business being operat	ed, 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. Date PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE (please rank in order of preference - "1" is most preferred): Phone Number with area code: _ . : 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 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. 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). Expiration Month/Year ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa \triangleright Enter Account Number 🕨