

240000349

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Business License (Gas, Grocery Tobacco) _____
- 2. _____
- 3. Gas Station _____ 154
- 4. Tobacco Shop _____ 535
- 5. _____
- 6. _____
- 7. _____

Received
MAR 04 2024
City of Saint Paul - DSI

MAR 04 2024

Received

Total: \$0.00 689.00

Business Information

Business Address: 296 E 7th St St Paul MN 55101
Street City State Zip

Company Name: Prime Mart Gas LLC Doing Business As: Prime Mart Gas

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 11/2/2023 Date of Anticipated Opening: ~~11/2/2024~~

Mailing Address: 296 E 7th St St Paul MN 55
Street City State Zip

Business Phone #: _____

Email Address: [REDACTED]

Applicant Information

Applicant Name: Mohamed GABR ABDEL GABR
First Middle Last

Title: owner Date of Birth: [REDACTED]

Drivers L
Home Ad
Cell Ph
[REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: Mohamed ABDEL GABR

Home Address: [Redacted]
Date of Birth: [Redacted]

Are you going to have

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

Manager Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: 763/300-1115 Email Address: _____

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

Officer Name: Mohamed GABR GABR
First Middle

Title: _____ Email: _____

Home Address: [Redacted]

Date of Birth: [Redacted]

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[Redacted Signature Area]

owner 11/27/2023
Title Date