SAINT PAUL
SAFETY & INSPECTIONS

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

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for: **Fee(s):**

1. TOBACCO SHOP _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: $ 0.00

Business Information

Business Address: 1055 4TH ST E (Street) ST PAUL (City) MN (State) 55106 (Zip)

Company Name: SOPHIA LLC **Doing Business As:** TWINS MARKET

Company Type: **Corporation** (●) **Partnership** ( ) **Sole Proprietorship** ( )

Date of Incorporation: 10/13/2024 **Date of Anticipated Opening:** 01/01/2025

Mailing Address [redacted] (Street) (City)

Business Phone #: [redacted] **Email Address** [redacted]

Applicant Information

Applicant Name: SHUROOQ (First) HAITHAM (Middle) ALMAJMAIE (Last)

Title: OWNER **Date of Birth:** [redacted]

Drivers License: [redacted] (State License #) **Email:** [redacted]

Home Address: [redacted] (Street) (City) (State) (Zip)

Cell Phone #: [redacted] **Alternate Phone #:** [redacted]

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? **Yes:** ◉ **No:** ○

If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ **Phone #:** _____ **Email Address:** _____

Are you going to have a manager or assistant in this business? **Yes:** ○ **No:** ◉

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 #:** _____ **Email Address:** _____

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

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 #:** _____

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] OWNER 12/30/2024
Applicant Signature Title Date