



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

Received **Class "N" License Application**

JUN 14 2023

City of Saint Paul - DSI

**LICENSES ARE NOT TRANSFERRABLE**

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

OK to enter per JNV/JWF

**This application requires District Council notification prior to submission.**

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

**Fee(s):**

- 1. Gas Station 104.00
- 2. Tobacco Shop 495 - 483.00
- 3. Auto Repair Garage 469.00
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Total:** \$0.00 1068.00

**Business Information**

**Business Address:** 304 Wheelock Pkwy E St. Paul MN 55130  
Street City State Zip

**Company Name:** Royalty and Sons Inc. **Doing Business As:** Parkway Marathon

**Company Type:** Corporation  Partnership  Sole Proprietorship

**Date of Incorporation:** 04/13/2006 **Date of Anticipated Opening:** 06/21/2023

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Business Phone #:** (952) 220-0055 **Email Address:** faisald@brooklynbp.com

**Applicant Information**

**Applicant Name:** Zuhair Fawzi Dahdal  
First Middle Last

**Title:** CEO **Date of Birth:** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
State License #

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Cell Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**Supplemental Required Information**

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

Operator Name: Faisal Zuhair Dahdal  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

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: [REDACTED] 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]  
Applicant Signature

CEO  
Title

06/12/2023  
Date