



SAINT PAUL
SAFETY & INSPECTIONS

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

202500100001

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

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

OK TO
PROCESS
JNU
8/7/2025

Types of License(s) being applied for:

Fee(s):

1. Tobacco Products Shop 535⁰⁰²
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$ 0.00

Business Information

Business Address: 227 Snelling Ave N Saint Paul MN 55104
Street City State Zip
 Company Name: Fog Tobacco Plus Inc Doing Business As: Imperial Smoke Shop plus

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 11/12/2021 Date of Anticipated Opening: 09/15/2025

Mailing Address: 855 Village Center Dr #112 North Oaks, MN 55127
Street City State Zip

Business Phone #: 651-214-5777 Email Address: imperialsmokeshopplus@gmail.com

Applicant Information

Applicant Name: Adnan Mustafa Safi
First Middle Last

Title: President

Drivers License: State License #

Email: _____

Home Address: _____

Cell Phone #: _____

Alternate Phone #: _____

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally?

Yes: ☒No: ☐If no, who will operate it?

Operator Name:

Adnan Mustafa Safi

Home Address:

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.

Title

President

Date

7/25/25