



CITY OF SAINT PAUL
 Department of Safety and Inspections
 Ricardo X. Cervantes, Director
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101
 Phone: 651-266-8989
 Web: www.stpaul.gov/dsl

Class "R" 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:

Fee(s):

a. TOBACCO PRODUCTS SHOP

~~488~~ **495**

b. _____

c. _____

d. _____

Total:

\$ 488 495

Business/Applicant Information

Business Address: 968 DALE ST N STE 2 SAINT PAUL MN 55117
Street City State Zip

Mail To Address: _____
Street City State Zip

Company Name: DALE SMOKE INC Doing Business As: DALE TOBACCO

Company Type: Corporation S Partnership _____ Sole Proprietorship _____

Licensee/Owner Name: MAKI SHAKIR
(Responsible Party) First Middle Last

Title: PRESIDENT Driver's License: MN Y435-205-549-112
State License #

Date of Birth: 10 / 07 / 1978

Applicant Home Address: 629 140TH LN NW ANDOVER MN 55304
Street City State Zip

Home Phone #: 612-475-9154 Business Phone #: 651-600-3654

Fax #: _____

Email: Shakirmaki2@gmail.com

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: / / Phone #: _____

Email Address: _____

Please list all other Person(s) to Appear on the Business License (Attach another sheet if applicable.)

Select Type: Officer _____ Partner _____ Shareholder _____

Officer Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone #: _____

Email Address: _____

Select Type: Officer _____ Partner _____ Shareholder _____

Officer Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone #: _____

Email Address: _____

Select Type: Officer _____ Partner _____ Shareholder _____

Officer Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone #: _____

Email Address: _____

Select Type: Officer _____ Partner _____ Shareholder _____

Officer Name: _____
First Middle Last


Home Address: _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Phone #: _____

Email Address: _____

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 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 time when the business is in operation.


Applicant Signature

PRESIDENT
Title

01/11/2023
Date