



RECEIPT FOR LICENSE APPLICATION

Date Receipt Printed: Jan 07, 2021

License ID: 20210000019

CITY OF SAINT PAUL

Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
www.stpaul.gov/dsi

Received From:

SHOROQ LLC
TWINS MARKET AND MEAT
1055 4TH ST E
ST PAUL MN 55106

Total Due on this application \$527.00

Other Fees Owed \$0.00

Account Total Amount Due \$527.00

Amount Paid \$527.00

Outstanding Account Balance Due \$0.00

In application for:	Application Date	License Status	License Fee	Amount Paid	Balance on This License
Alarm Permit (New) (1)	Jan 07, 2021	Approved	\$39.00	\$39.00	\$0.00
Cigarette/Tobacco (1)	Jan 07, 2021	Pending	\$488.00	\$488.00	\$0.00

Conditions:

There are no conditions placed on this license at this time.

Project Facilitator:

JEFF F.

Inspector(s):

Unmet Requirements:

Zoning Inspection (651-266-9008)

Property lease or proof of ownership

Floor Plan

This is not a License to operate

NOTICE - The license(s) you have applied for may require you to pay an additional Environmental Health Change of Ownership fee or Environmental Health Plan Review/Remodeling fee. If any of these fees are required, a separate invoice for the amount due will be sent to you.

20210000019



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/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.

Types of License(s) being applied for:

Fee(s):

- a. Cigarette / Tobacco License
- b. Alarm Permit
- c. _____
- d. _____

488.00
39.00

Total: \$ 527.00

Business/Applicant Information

Business Address: 1055 4th St E St. Paul Mn 55106
Street City State Zip

Mall To Address: _____
Street City State Zip

Company Name: Shorog LLC Doing Business As: Twins Market and meat

Company Type: Corporation _____ Partnership _____ Sole Proprietorship

Licenses/Owner Name: Hasan Abbasolawi Alrubaye
(Responsible Party) First Middle Last

Title: A Driver's License: Mn E255-033-456-612
State License #

Date of Birth: 12 / 11 / 1989

Applicant Home Address: 10978 Hanson Blvd nw Coon Rapids Mn 55422
Street City State Zip

Home Phone #: 651-404-5824 Business Phone #: 651-330-2548

Fax #: _____ Email: Hasan.alrubayeRV@gmail.com

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: N/A
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: 1 / 1 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

Title

Owner

Date

12/29/2020



CITY OF SAINT PAUL
Department of Safety and Inspections
275 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: (612) 266-8999
Web: www.sipost.gov/sds

License Number: _____

Zoning Addendum

An applicant must provide details related to the physical layout of the business for which a license is being requested. Please complete the following document and attach supporting documents.

*Zoning approval will not be granted for this license request without this information.

Business Name: Shoreg LLC

Business Address: 1055 4th St E

Business Type: Grocery store

Licensee Name: Hasan Akbarokimi Alrubaye

Phone: 651-339-2548

Please answer the following questions (If business is located in St. Paul proper):

- a. What is the gross floor area for this business?
- b. What was the previous use of this space?
- c. How many off-street parking spaces are provided for this business only?
- d. Is the parking leased or owned?
- e. How many different uses are in the building?
 - i. What are these uses? What is the gross floor area for each?

1,000 SF

Grocery store

4-6

N/A

one

a. N/A Use: _____ Area: _____

b. N/A Use: _____ Area: _____

c. N/A Use: _____ Area: _____

ii. Are there any bar/restaurants in the building operating after midnight?

Yes No

If Yes, Please list them:

f. Do you own the property or are you leasing it?

Leasing

Answer these questions if you are applying for a restaurant license:

- a. Do you intend to have a drive-thru window?
- b. Will you have a permanent menu board?
- c. Do you intend to serve liquor?
- d. Is this a restaurant associated with a Chain or Franchised business?
- e. Will customers pay for their food before consuming it?
- f. Is a self-service condiment bar proposed?
- g. Are trash receptacles provided for self-service bussing?
- h. Will there be hard finished, stationary seating?
- i. Are your main course food items..

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Pre Packaged	<input checked="" type="checkbox"/>	To Order	<input type="checkbox"/>



CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Fax: 651-266-9124
Web: www.stpaul.gov/dsi

Business Plan Addendum (Cigarette/Tobacco Sales)

BUSINESS ADDRESS: 1055 4th St + E, St. Paul, Mn 55006 **BUSINESS NAME:** Sharov LLC

All applicants must provide details related to the business plan at the establishment for which a license is being requested. Please complete the following document and attach supporting documents as needed.

a. List hours of operation (Sunday – Saturday):

b. List/check-off the typical products to be sold in the establishment (use additional pages if necessary) and note any additional licenses you will be obtaining:

- Cigarettes Electronic cigarettes Pop or candy Clothing
- Cigarette wrapping paper Electronic cigarette parts Bottled water Household items
- Cigars Chewing tobacco Groceries

Other Products and Licenses: Battery, condoms, styling hair gel, glass pipes, lighter

c. Will any food consumption be allowed on the premises? YES (circle one)

If yes, describe in detail what type of food service will be provided and/or consumption allowed. If applicable, provide a copy of your menu:

d. Will there be any seating in the establishment for customers/patrons? YES (circle one)

If yes, explain what the seating will be used for, and the anticipated length of time people will spend in the establishment.

e. Will any of the following occur on the premises:

i. Sale of flavored tobacco products or e-cigarette "juice" other than mint, wintergreen and menthol? YES (circle one)

ii. Sampling of tobacco products including e-cigarette "juice"? YES (circle one)

If yes to either of the questions under "e." please provide the following additional information:

1. What is the estimated percentage of your total sales that will come from tobacco related products? _____

2. What will the minimum age be to enter the establishment? _____

Describe what actions will be taken to enforce the minimum age requirement:

3. Describe how the sampling will occur (e.g., at the counter, sitting in chairs, etc.) and how you will regulate the sampling, including the estimated length of time customers will be on the premises sampling product.

N/A

Print Name: Hasan Abbas Alkimi Signature: _____

Al Abuya

Date: 01-05-2021

Revised Jan. 2019



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

CITY OF SAINT PAUL
 Department of Safety & Inspections
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101-1806
 (651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Please Type or Print In Ink

Licensee's Name: Hasan Abbasolewi AlruhayeDBA: Twin Market and meatBusiness Address: 1055 4th St EBusiness Phone: 651-330-2607 Preferred Phone: 651-404-5824**TAX IDENTIFICATION NUMBER**

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

PURCHASE AGREEMENT

By and Between

Elaf LLC

And

Shoroq LLC

Ammar Alfuraiji/Elaf LLC (the seller) of "Twins Market" and Shoroq LLC/Hasan Abbasoleiwi Alrubaye (the buyer) enter into:

THIS PURCHASE AGREEMENT on December 15, 2020 with a closing date of December 15th, 2020.

WITNESSETH THAT:

Seller desires to sell to Buyer and Buyer desire to purchase from Seller assets including signage, Furniture, fixtures, inventory and business located at 1055 4th St SE St. Paul, MN 55106.

1. **PURCHASE PRICE.** The purchase price shall be \$50,000 for the acquisition of the existing signage, furniture, fixtures, equipment, and inventory. Both the buyer & the seller agree that \$50,000.00 being the purchase price for the business, the inventory is calculated at \$30,000. On the date of the closing (December 15th, 2020), the buyer will pay \$2,000.00 down. The remaining balance of \$48,000.00 will be paid over monthly payments of \$2,000.00 per month starting January 15, 2021 until paid in full.
2. **RESPONSIBILITY FOR LIABILITIES.** Any liabilities, debts, or obligations, known or unknown, incurred by the Business prior to December 15th, 2020 including but not limited to taxes, debts and rent shall be the sole responsibility of the Seller.
3. **CLOSING DATE.** The closing date for this sale shall be December 15th, 2020, at which time Possession together with keys to the premises shall be delivered to the Buyers.
4. **BINDING EFFECT.** This contract shall bind and inure to the benefit of the successors, assigns, personal representative, heirs and legates of the parties hereto, and upon execution by all parties, this agreement shall be absolutely binding and fully enforceable.

Please attach the following documents:

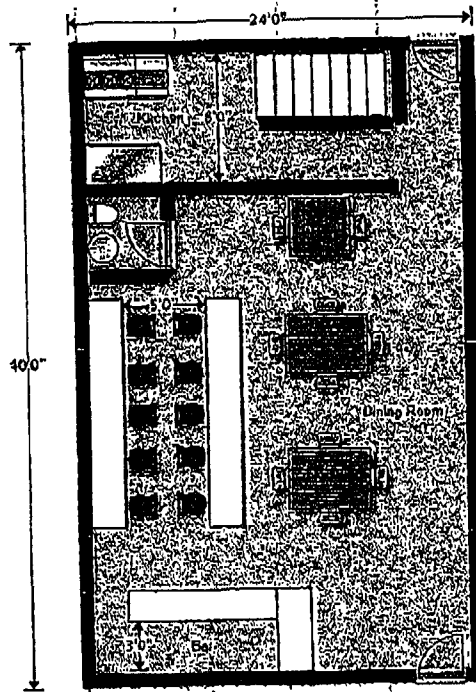
a. Floor Plan Pertaining to License Area (Please see examples below)

- i. Drawn to scale
- ii. Showing dimensions
- iii. Furniture
- iv. All spaces/rooms labeled for use including Ingress & Egress
- v. Showing placement of all equipment (ex. Kitchen equipment, work tables, entertainment devices)

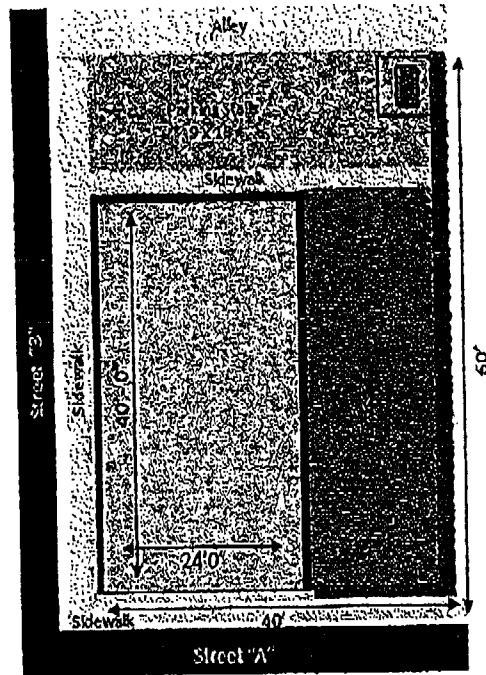
b. Site Plan Pertaining to Licenses Property (Please see example below)

- i. Drawn to scale
- ii. Showing dimensions
- iii. Showing all property lines
- iv. Showing the parking lot
- v. Label all rooms/spaces

Floor Plan



Site Plan



Employee Sign Off _____

Date 12-29-2020

5. **CONTENGENCY.** The monthly payments that are due shall not be delayed by over a three month period. If the payments are delayed, then the buyer will pay the \$6,000.00 in full at the end of the third month. Failure to pay this amount in full will result in the seller seeking legal action against the buyer. If the buyer pays the \$6,000.00 in full, then this agreement is still in effect and the seller cannot take any legal action against the buyer.
 The buyer cannot sell the business or sublease the business until the payments (\$48,000.00) are paid in full to the seller.

This agreement depends on the buyer obtaining approval of license from the city of St. Paul, and approval from the Landlord for the lease.

6. **CHOICE OF LAW.** This agreement shall be governed by and construed under the laws of the State of Minnesota.

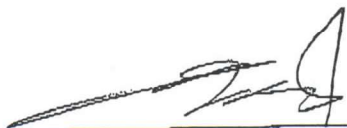
PURCHASE AGREEMENT

IN WITNESS WHEREOF,

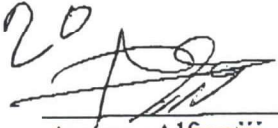
The parties hereto have executed this agreement as of the date first above written.

BUYER:

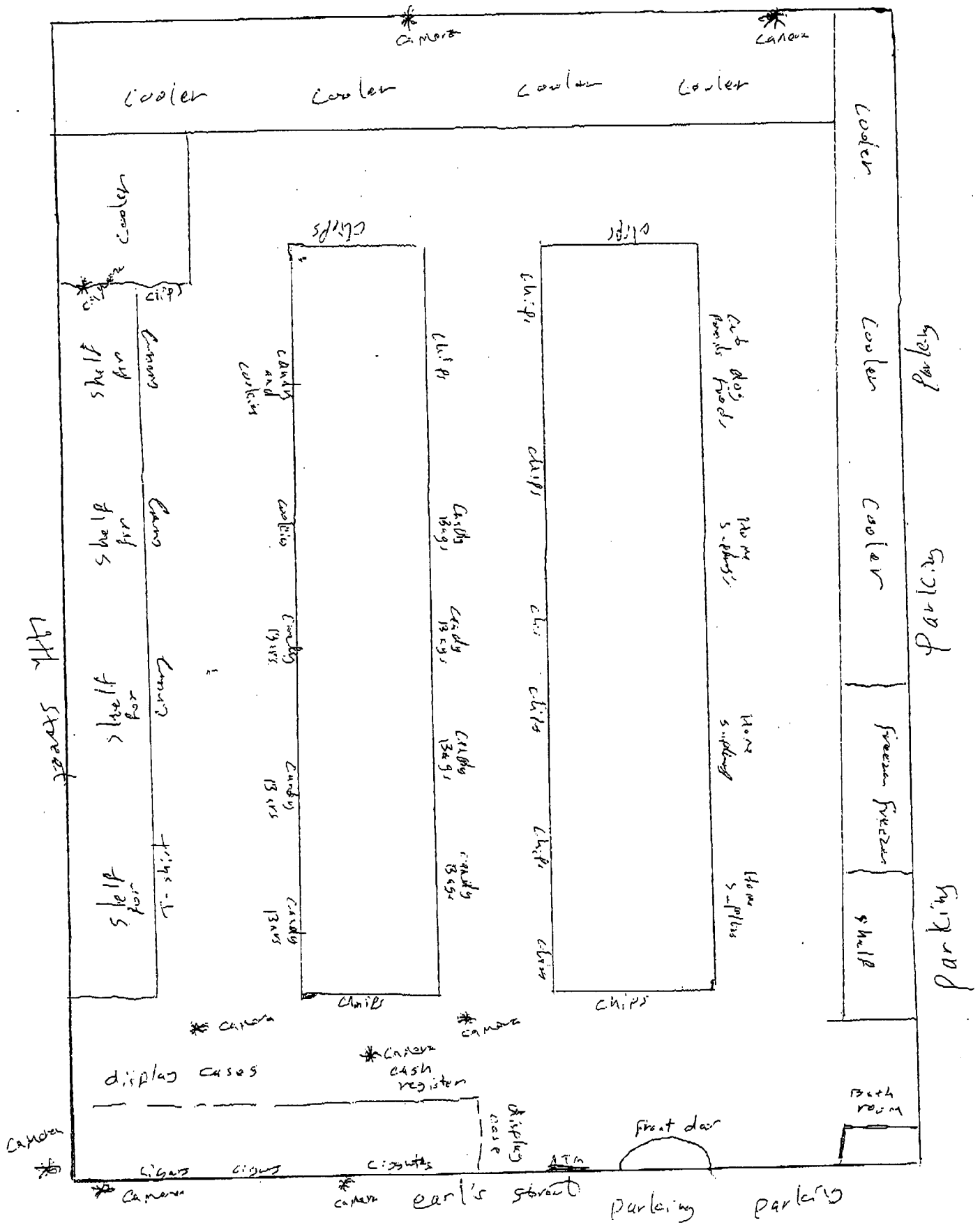
SELLER:

 12-5-2020

 Hasan Abbasoleiwi Alrubaye Date

 12-5-2020

 Ammar Alfurajji Date



Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

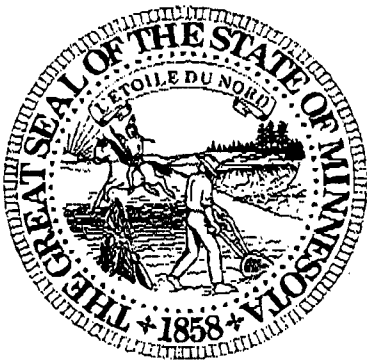
The business entity is now legally registered under the laws of Minnesota.

Name: SHOROQ LLC

File Number: 1192450100023

Minnesota Statutes, Chapter: 322C

This certificate has been issued on: 11/12/2020



Steve Simon

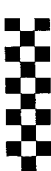
Steve Simon
Secretary of State
State of Minnesota



Legal name SHOROQ LLC
Federal ID number 85-3864463

Your business is registered for the following taxes:

Tax Type	Account ID	Begin date	Filing Cycle
Sales & Use Tax	7093407	01-Nov-2020	Quarterly
S Corporation	7093407	01-Nov-2020	12) December



CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Fax: 651-266-9124
Web: www.stpaul.gov/dsi

Business Plan Addendum (Cigarette/Tobacco Sales)

BUSINESS ADDRESS: 1055 4th St E, St. Paul, MN 55106 **BUSINESS NAME:** Shurog LLC

All applicants must provide details related to the business plan at the establishment for which a license is being requested. Please complete the following document and attach supporting documents as needed.

a. List hours of operation (Sunday - Saturday):

b. List/check-off the typical products to be sold in the establishment (use additional pages if necessary) and note any additional licenses you will be obtaining:

- Cigarettes
- Electronic cigarettes
- Pop or candy
- Clothing
- Cigarette wrapping paper
- Electronic cigarette parts
- Bottled water
- Household Items
- Cigars
- Chewing tobacco
- Groceries

Other Products and Licenses: Battery, condoms, styling hair gel, glass pipes, lighter

c. Will any food consumption be allowed on the premises? YES NO (circle one)

If yes, describe in detail what type of food service will be provided and/or consumption allowed. If applicable, provide a copy of your menu:

d. Will there be any seating in the establishment for customers/patrons? YES NO (circle one)

If yes, explain what the seating will be used for, and the anticipated length of time people will spend in the establishment.

e. Will any of the following occur on the premises:

i. Sale of flavored tobacco products or e-cigarette "juice" other than mint, wintergreen and menthol? YES NO (circle one)

ii. Sampling of tobacco products including e-cigarette "juice"? YES NO (circle one)

If yes to either of the questions under "e." please provide the following additional information:

1. What is the estimated percentage of your total sales that will come from tobacco related products? _____

2. What will the minimum age be to enter the establishment? _____

Describe what actions will be taken to enforce the minimum age requirement:

3. Describe how the sampling will occur (e.g., at the counter, sitting in chairs, etc.) and how you will regulate the sampling, including the estimated length of time customers will be on the premises sampling product.

N/A

Print Name: Hasan Akbar Alkhalaf Signature: _____

Date: 01-05-2021

Al Akbar

Revised Jan. 2019



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/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.

Types of License(s) being applied for:

Fee(s):

- a. Cigarette / Tobacco License _____
- b. Alarm Permit _____
- c. _____
- d. _____

Total: \$ - -

Business/Applicant Information

Business Address: 1055 4th St E St. Paul MN 55106
Street City State Zip

Mall To Address: _____
Street City State Zip

Company Name: Sharag LLC Doing Business As: Twins Market and meat

Company Type: Corporation Partnership _____ Sole Proprietorship

Licensee/Owner Name: Hasan Abbasoleimi Alrubaye
(Responsible Party) First Middle Last

Title: Owner Driver's License: MN E 255-032-456-612
State License #

Date of Birth: 12 / 11 / 1989

Applicant Home Address: 10978 Hanson Blvd NW Coon Rapids MN 55423
Street City State Zip

Home Phone #: 651-404-5824 Business Phone #: 651-330-2548

Fax #: _____ Email: Hasan.alrubaye84@gmail.com

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: N/A
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: 1 / 1 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

Title

Owner

Date

12/29/2020



CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-268-8889
Web: www.stpaul.gov/ds

License Number: _____

Zoning Addendum

An applicant must provide details related to the physical layout of the business for which a license is being requested. Please complete the following document and attach supporting documents.

*Zoning approval will not be granted for this license request without this information.

Business Name: Shorog LLC

Business Address: 1055 4th St E

Business Type: Grocery store

Licensee Name: Hasan Akkasoleini Alrubaye

Phone: 651-330-2548

Please answer the following questions (if business is located in St. Paul proper):

- a. What is the gross floor area for this business?
- b. What was the previous use of this space?
- c. How many off-street parking spaces are provided for this business only?
- d. Is the parking leased or owned?
- e. How many different uses are in the building?

1,000 SF
Grocery store
4-5
N/A
one

i. What are these uses? What is the gross floor area for each?

a. N/A Use: _____ Area: _____
 b. N/A Use: _____ Area: _____
 c. N/A Use: _____ Area: _____

ii. Are there any bar/restaurants in the building operating after midnight?

Yes No

If Yes, Please list them:

f. Do you own the property or are you leasing it?

Leasing

Answer these questions if you are applying for a restaurant license:

- a. Do you intend to have a drive-thru window?
- b. Will you have a permanent menu board?
- c. Do you intend to serve liquor?
- d. Is this a restaurant associated with a Chain or Franchised business?
- e. Will customers pay for their food before consuming it?
- f. Is a self-service condiment bar proposed?
- g. Are trash receptacles provided for self-service bussing?
- h. Will there be hard finished, stationary seating?
- i. Are your main course food items...

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Pre Packaged To Order

PURCHASE AGREEMENT

By and Between

Elaf LLC

And

Shoroq LLC

Ammar Alfuraiji/Elaf LLC (the seller) of "Twins Market" and Shoroq LLC/Hasan Abbasoleiwi Alrubaye (the buyer) enter into:

THIS PURCHASE AGREEMENT on December 15, 2020 with a closing date of December 15th, 2020.

WITNESSETH THAT:

Seller desires to sell to Buyer and Buyer desire to purchase from Seller assets including signage, Furniture, fixtures, inventory and business located at 1055 4th St SE St. Paul, MN 55106.

1. **PURCHASE PRICE.** The purchase price shall be \$50,000 for the acquisition of the existing signage, furniture, fixtures, equipment, and inventory. Both the buyer & the seller agree that \$50,000.00 being the purchase price for the business, the inventory is calculated at \$30,000. On the date of the closing (December 15th, 2020), the buyer will pay \$2,000.00 down. The remaining balance of \$48,000.00 will be paid over monthly payments of \$2,000.00 per month starting January 15, 2021 until paid in full.
2. **RESPONSIBILITY FOR LIABILITIES.** Any liabilities, debts, or obligations, known or unknown, incurred by the Business prior to December 15th, 2020 including but not limited to taxes, debts and rent shall be the sole responsibility of the Seller.
3. **CLOSING DATE.** The closing date for this sale shall be December 15th, 2020, at which time Possession together with keys to the premises shall be delivered to the Buyers.
4. **BINDING EFFECT.** This contract shall bind and inure to the benefit of the successors, assigns, personal representative, heirs and legates of the parties hereto, and upon execution by all parties, this agreement shall be absolutely binding and fully enforceable.

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used) <i>Shorcq LLC</i>	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable) <i>Twins Market and meat</i>	
BUSINESS ADDRESS (PO Box must include street address) CITY STATE ZIP CODE <i>1055 4th St E St. Paul mn 55106</i>	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:


- I am not required to have workers' compensation insurance coverage because:
- I have no employees.

I have employees but they are not covered by the Workers' Compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: I have no employees

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory) 	TITLE <i>Owner</i>	DATE <i>12-29-2020</i>
--	-----------------------	---------------------------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-MN LIC 04 (11/08) Voice or TDD (651) 297-4198.

Please attach the following documents:

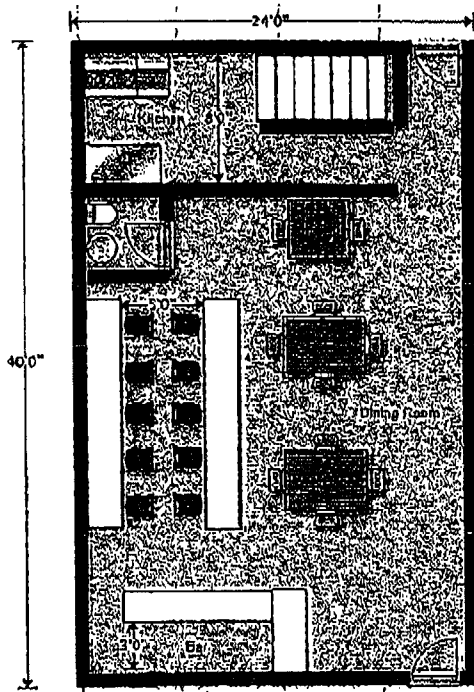
a. Floor Plan Pertaining to License Area (Please see examples below)

- i. Drawn to scale
- ii. Showing dimensions
- iii. Furniture
- iv. All spaces/rooms labeled for use including Ingress & Egress
- v. Showing placement of all equipment (ex. Kitchen equipment, work tables, entertainment devices)

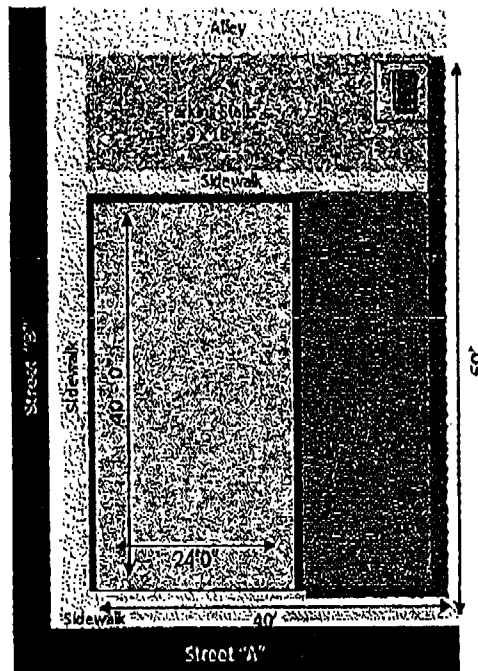
b. Site Plan Pertaining to Licenses Property (Please see example below)

- i. Drawn to scale
- ii. Showing dimensions
- iii. Showing all property lines
- iv. Showing the parking lot
- v. Label all rooms/spaces

Floor Plan



Site Plan



Employee Sign Off _____

[Handwritten Signature]

Date 12-29-2020

5. **CONTENGENCY.** The monthly payments that are due shall not be delayed by over a three month period. If the payments are delayed, then the buyer will pay the \$6,000.00 in full at the end of the third month. Failure to pay this amount in full will result in the seller seeking legal action against the buyer. If the buyer pays the \$6,000.00 in full, then this agreement is still in effect and the seller cannot take any legal action against the buyer.
 The buyer cannot sell the business or sublease the business until the payments (\$48,000.00) are paid in full to the seller.

This agreement depends on the buyer obtaining approval of license from the city of St. Paul, and approval from the Landlord for the lease.

6. **CHOICE OF LAW.** This agreement shall be governed by and construed under the laws of the State of Minnesota.


PURCHASE AGREEMENT

IN WITNESS WHEREOF,


The parties hereto have executed this agreement as of the date first above written.

BUYER:

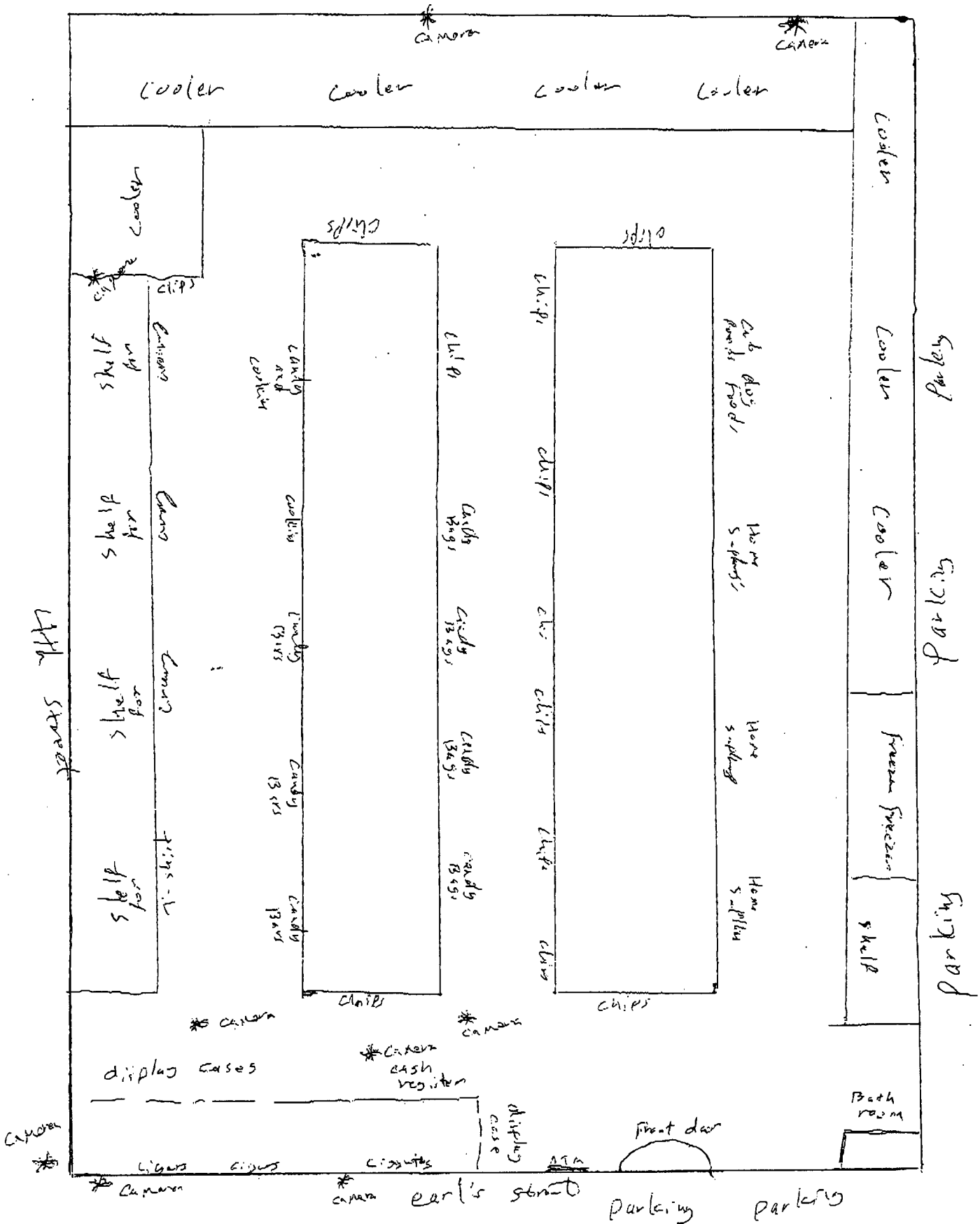
SELLER:

 12-5-2020

 Hasan Abbasoleiwi Alrubaye Date

 12-5-2020

 Ammar Alfuraiji Date

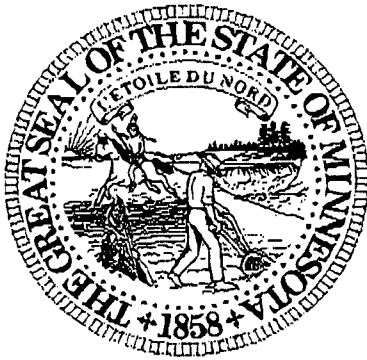


Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: SHOROQ LLC
File Number: 1192450100023
Minnesota Statutes, Chapter: 322C
This certificate has been issued on: 11/12/2020



Steve Simon
Secretary of State
State of Minnesota



Legal name SHOROQ LLC
Federal ID number 85-3864463

Your business is registered for the following taxes:

Tax Type	Account ID	Begin date	Filing Cycle
Sales & Use Tax	7093407	01-Nov-2020	Quarterly
S Corporation	7093407	01-Nov-2020	12) December