



CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

Civil Division

400 City Hall

15 West Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: 651 266-8710

Facsimile: 651 298-5619

January 10, 2018

NOTICE OF INTENT TO DENY LICENSE

Bilal Alsadi  
Rice Street Tobacco  
1196 Rice Street  
St. Paul, MN 55102

RE: Cigarette/Tobacco-Product Shop license application submitted by REEMO Corp. d/b/a Rice Street Tobacco for the premises 1196 Rice Street in Saint Paul  
License ID #20170003361

Dear Applicant:

The Department of Safety and Inspections (DSI) will recommend denial of the Cigarette/Tobacco-Product Shop license application submitted by REEMO Corp. d/b/a Rice Street Tobacco for the premises 1196 Rice Street in Saint Paul. The basis for the recommendation is as follows:

**On August 21, 2017 you submitted an application for a Cigarette/Tobacco-Product Shop license with the Department of Safety and Inspections (DSI) for the location at 1196 Rice Street. At that time, you were verbally asked to submit the following additional information:**

- **Key floorplan showing the entire building**
- **Your relationship to the other uses within the building**
- **A detailed, scaled and dimensioned floorplan for your individual space showing a layout of the equipment/fixtures/furniture for your proposed use.**

**After further review of your application, DSI determined that the proposed location did not comply with the 2,640 foot separation requirement from another licensed Tobacco-Product Shop required by City of Saint Paul Zoning Code Section 65.535 which states:**

***"A retail establishment with a principal entrance door opening directly to the outside that derives more than ninety (90) percent of its gross revenue from the sale of loose tobacco, plants, or herbs and cigars, cigarettes, pipes, and other smoking devices for burning tobacco and related smoking accessories and in which the sale of other products is merely incidental. "Tobacco products shop" does not include a tobacco department or section of any individual business establishment with any type of liquor, food, or restaurant license.***

***Standards and conditions:***

***(a) No tobacco products shop shall be located within one-half (½) mile (2,640 feet) of another tobacco products shop.***

***(b) In the BC community business (converted) and T2 traditional neighborhood districts, a conditional use permit is required for tobacco products shops with a floor area greater than two thousand five hundred (2,500) square feet."***

**On October 23, 2017, you were sent a letter detailing this finding and requesting that you complete one of the following actions by November 22, 2017:**

- 1. Obtain DSI Zoning Division approval by contacting Karen Zacho (651) 266-9084 or at [karen.zacho@ci.stpaul.mn.us](mailto:karen.zacho@ci.stpaul.mn.us) for information about zoning requirements.**
- 2. Complete and return the attached Request to Withdraw/Request for Refund form.**

**As of today's date, you have not responded to the October 23, 2017 letter to either inquire about the zoning requirements or withdraw your license application.**

**At this time, you have four (4) options to proceed:**

- 1. If you do not contest the imposition of the proposed adverse action, you may do nothing. If I have not heard from you by **Monday, January 22, 2018**. I will presume that you have chosen not to contest the proposed adverse action, and the matter will be placed on the next available City Council agenda for approval of the proposed remedy.**
- 2. If you wish to admit the facts but you contest the penalty, you may have a public hearing before the Saint Paul City Council. You will need to send me a letter with a statement admitting to the facts and requesting a public hearing no later than **Monday, January 22, 2018**. The matter will then be scheduled before the City Council to determine whether to deny your Cigarette/Tobacco-Product Shop license. You will have an opportunity to appear before the Council and make a statement on your own behalf.**
- 3. If you dispute the facts outlined above, you may request a hearing before an Administrative Law Judge (ALJ). I will need to receive your letter no later than **January 22, 2018**. At that hearing both you and the City will appear and present witnesses, evidence and cross-examine each other's witnesses. After receipt of the ALJ's report (usually within 30 days), a public hearing will need to be scheduled. At that time, the City Council will decide whether to adopt, modify or reject the ALJ's report and recommendation.**

**Please note: If you choose an administrative hearing, the Department of Safety and Inspections reserves the right to request that City Council impose the costs of the administrative hearing per Saint Paul Legislative Code § 310.05 (k).**

- 4. You can withdraw your license application. Please complete and return the attached REQUEST TO WITHDRAW/REQUEST FOR REFUND form to the Department of Safety and Inspections (DSI), 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **Monday, January 22, 2018**. Any request for a refund of the license application fee must also be made in writing to the Department of Safety and Inspections.**

**If you have not contacted me by Monday, January 22, 2018, I will assume that you are not contesting the denial of your Cigarette/Tobacco-Product Shop license. In that case, the matter will be placed on the next available City Council Consent Agenda for approval of the recommended penalty.**

If you have questions about these options, please feel free to contact Julie Kraus, my Legal Assistant at (651) 266-8710.

Sincerely,



Therese Skarda  
Assistant City Attorney

cc: Bilal Alsadi, Rice Street Tobacco, 1194 Rice Street, St. Paul, MN 55102  
Bilal Alsadi, 13850 Guild Avenue, Apple Valley, MN 55124  
Kerry Antrim, Executive Director, District 6 Planning Council, 171 Front Avenue, St. Paul, MN 55117

Attachment: REQUEST TO WITHDRAW/REQUEST FOR REFUND form

RE: **REQUEST TO WITHDRAW  
REQUEST FOR REFUND**

~~I/We, \_\_\_\_\_, respectfully request to withdraw~~

my/our license application for the following license(s):

Cigarette/Tobacco - Product Shop  
ID #20170003361

Application/Business address:

1196  
1194 Rice St

Reason(s) for request: \_\_\_\_\_

I am also requesting a refund of my license application.

Mail the refund check to the attention of \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant(s) Printed Name, Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant(s) Printed Name, Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant(s) Printed Name, Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant(s) Printed Name, Signature and Title

\_\_\_\_\_  
Date

COUNTY OF RAMSEY )

