



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. ~~Tobacco~~ Cigarette/Tobacco License \$488.00
b. ~~Food~~ Alarm Permit \$39.00
c. _____
d. _____
e. _____

Total: \$ _____

Business/Applicant Information

Business Address: 864 Rice St ST Paul MN 55117
Street City State Zip

Company Name: Amira Grocery Doing Business As: Amira Grocery
Winnipeg

Company Type: Corporation X Partnership _____ Sole Proprietorship _____

Licensee/Owner Name: Mohamed Shaban SULTAN
(Responsible Party) First Middle Last

Title: owner Driver's License: MN J640-194-371-410
State License #

Date of Birth: 10/23/1990

Applicant Home Address: 14200 43rd Ave N Minneapolis MN 55448
Street City State Zip

Home Phone #: 612-245-3802 Business Phone #: 651-487-3110

Fax #: _____ Email: mohamedshaban935@yahoo.com

Supplemental Required Information same as above

Business Manager, if different from Applicant

Manager's Name: Mohamed Shaban SULTAN
First Middle Last

Home Address: 14200 43rd Ave N mn 55448
Street City State Zip

Date of Birth: 10/23/1990 Phone #: 612-245-3802

Email Address: mohamedshaban935@yahoo.com

EXHIBIT

12-1

(Continued on back)

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

Owner _____
Title

5-11-2021
Date

EXHIBIT

12-2

**Business Plan Addendum (Cigarette/Tobacco Sales)**BUSINESS ADDRESS: 864 RICE ST ST PAUL MN 55117 BUSINESS NAME: WINNEPEG GROCERY

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:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Cigarettes | <input type="checkbox"/> Electronic cigarettes | <input checked="" type="checkbox"/> Pop or candy | <input checked="" type="checkbox"/> Clothing |
| <input checked="" type="checkbox"/> Cigarette wrapping paper | <input type="checkbox"/> Electronic cigarette parts | <input checked="" type="checkbox"/> Bottled water | <input checked="" type="checkbox"/> Household items |
| <input checked="" type="checkbox"/> Cigars | <input type="checkbox"/> Chewing tobacco | <input checked="" type="checkbox"/> Groceries | |
| <input type="checkbox"/> Other Products and Licenses: _____ | | | |

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: ~~French food~~ small deli inside store that is leased outd. 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.
30 minutes or so to eat.

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:

- What is the estimated percentage of your total sales that will come from tobacco related products? _____
- What will the minimum age be to enter the establishment? _____
Describe what actions will be taken to enforce the minimum age requirement:

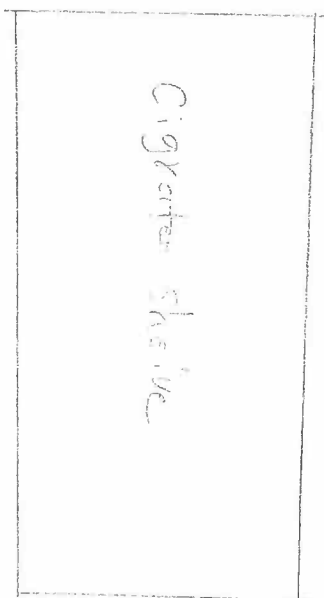
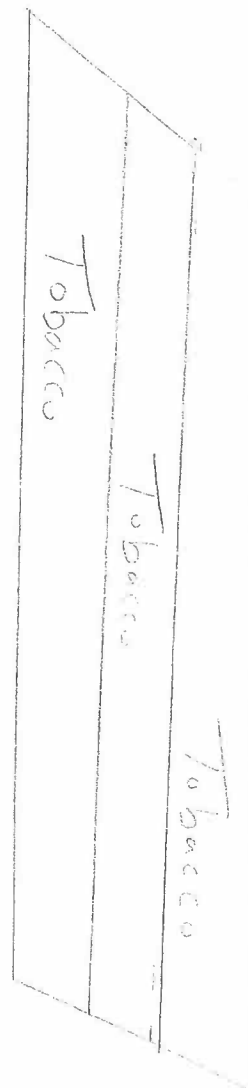
3. Describe how the sampling will occur (e.g., at the counter, sitting in chairs, etc.) and how you will regulate the sampling, including the estimated length of time customers will be on the premises sampling product.

Print Name: Mohamed Sultan Signature: Mohamed Sultan Date: 5-3-21

EXHIBIT

12-3

964 RILE



deli

Storage

Shelve grocery

864 RICE floor Plan

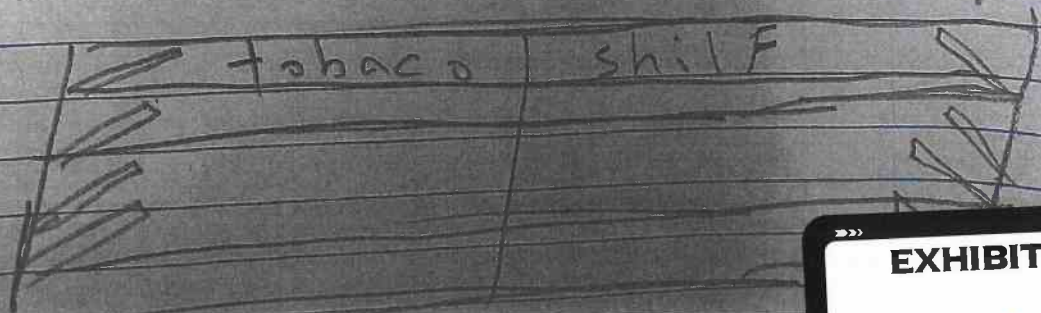
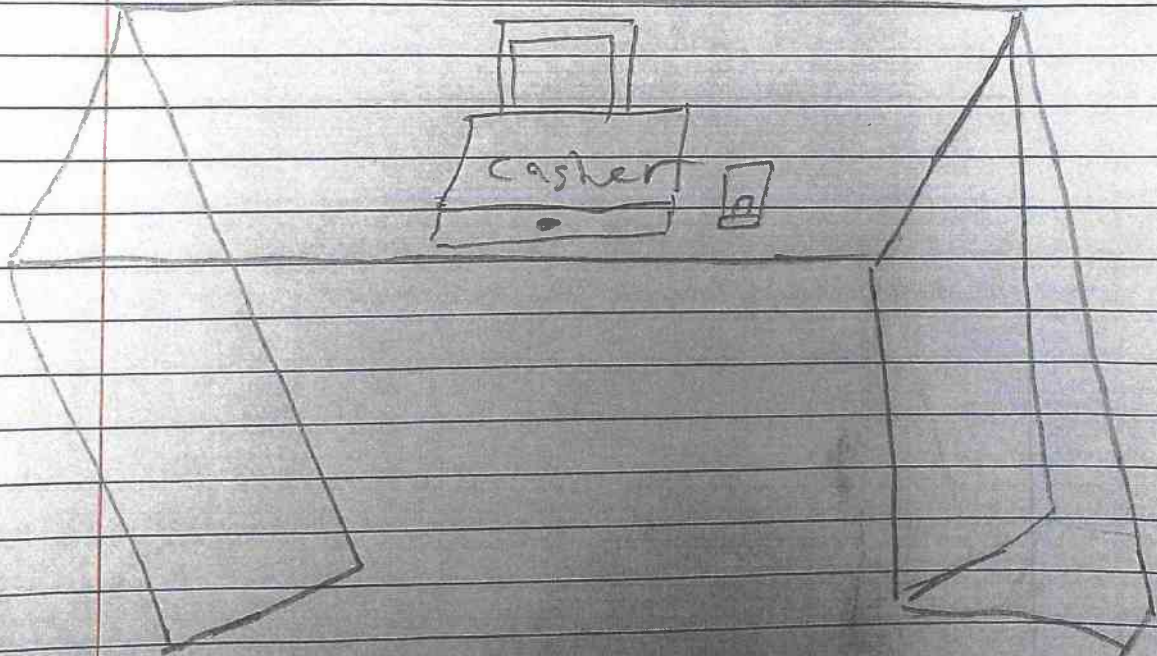
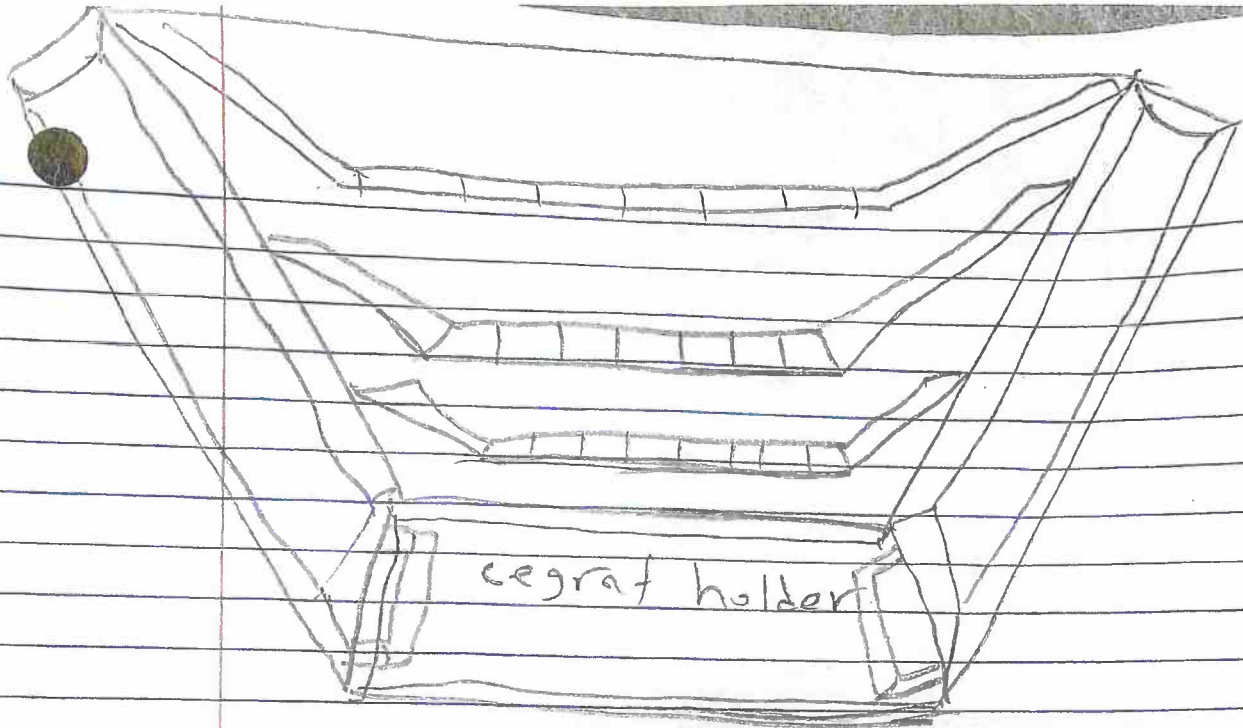
Cashier

tobacco shop

EXHIBIT

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864 RILE



EXHIBIT

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