



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 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 Aven F 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 Aven F mn 55448
Street City State Zip

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

Email Address: mohamedshaban935@yahoo.com



(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





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:

- 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: _____

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: Frozen food small deli inside store that is leased out

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. 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:

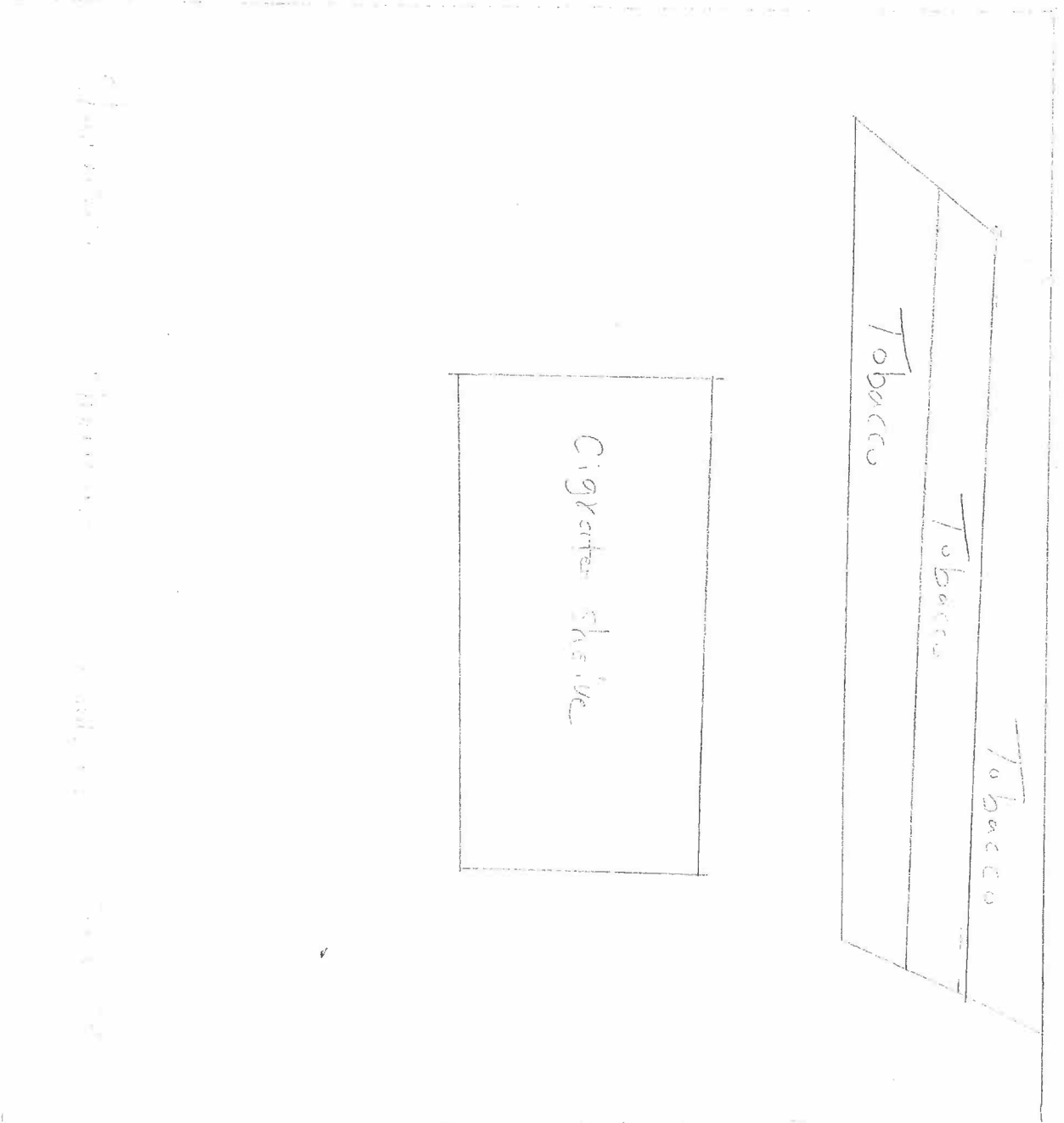
- 1. What is the estimated percentage of your total sales that will come from tobacco related products? _____
- 2. What will the minimum age be to enter the establishment? _____
Describe what actions will be taken to enforce the minimum age requirement:

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.

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



Q64 RILE



deli

Storage

Shelve grocery

864 RICE Floor Plan

tabaco ship

Cashier



864 RICE

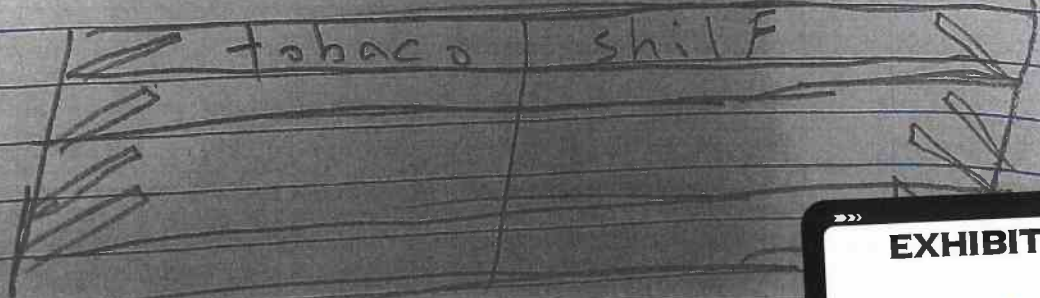
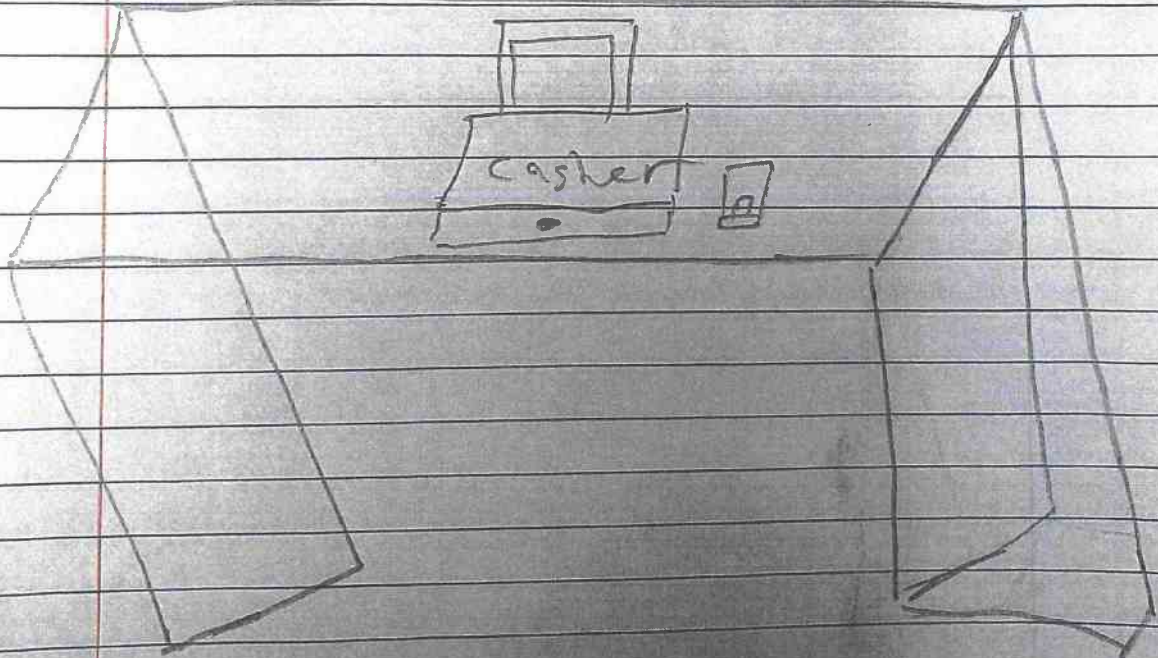
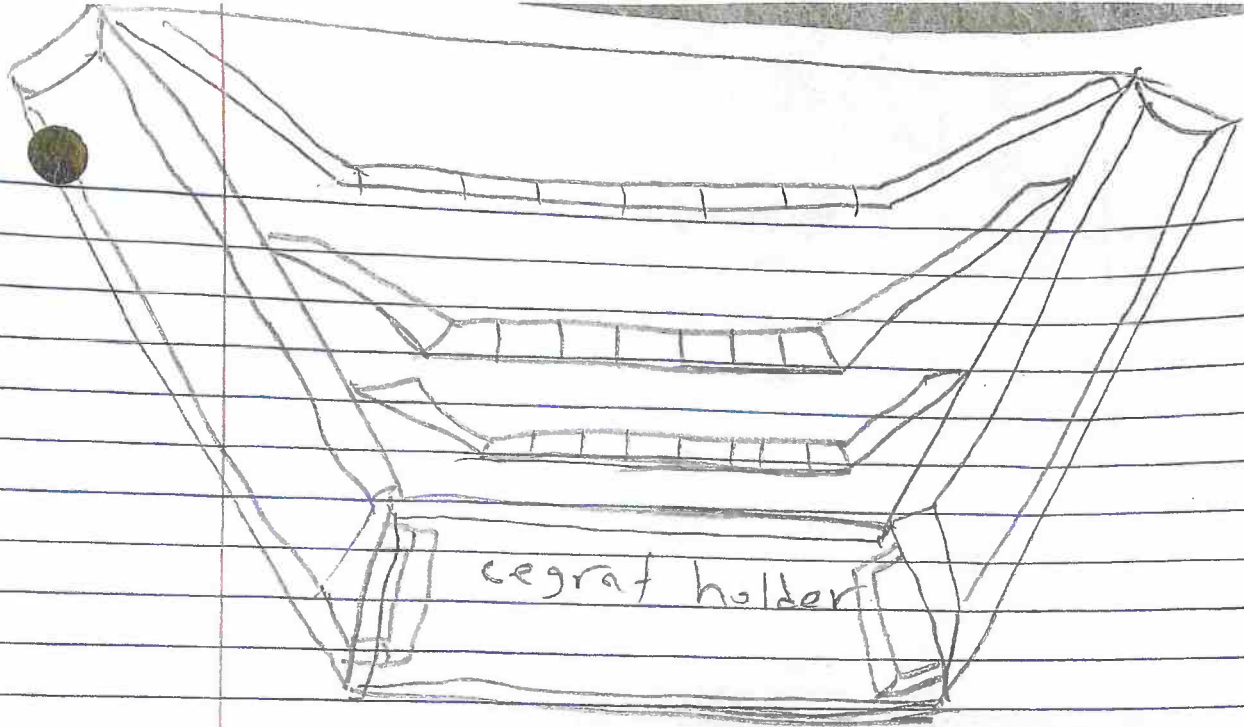


EXHIBIT
12-6