

23000 2012



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

Received

NOV 03 2023

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
This application is subject to review by the public.

City of Saint Paul - DSI

Types of License(s) being applied for:

Fee(s):

- a. Tobacco Shop \$535.00
- b. _____
- c. _____
- d. _____

Total: \$ 535.00

Business/Applicant Information

Business Address: 993 Payne Ave Saint Paul MN 55130
Street City State Zip

Mail To Address: 993 Payne Ave Saint Paul MN 55130
Street City State Zip

Company Name: J&L Market LLC Doing Business As: J&L Market

Company Type: ☐ Corporation ☐ Partnership ☒ Sole Proprietorship

Licensee/Owner Name: Mohammed. H. M. Albanna
(Responsible Party) First Middle Last

Title: Owner Driver's License: [REDACTED]
State License #

Date of Birth: [REDACTED]

Applicant Home Address: [REDACTED]
City State Zip

Home Phone #: [REDACTED] Business Phone #: _____

Fax #: _____ Email: _____

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: Mohammed. H. M. Albanna
First Middle Last

Home Address: [REDACTED]
City State Zip

Date of Birth: [REDACTED] Phone #: [REDACTED]

Email Address: _____

(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: _____ / _____ / _____

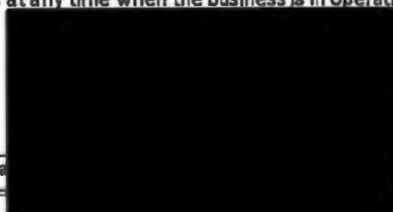
Phone #: _____

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



Title

owner

Date

10-31-2023