



F- 5-2-25

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**SAINT PAUL**  
SAFETY & INSPECTIONS

OKAY TO  
ENTER ACS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

**Class "N" 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):**

- |    |              |     |
|----|--------------|-----|
| 1. | TOBACCO SHOP | 535 |
| 2. | GAS STATION  | 154 |
| 3. |              |     |
| 4. |              |     |
| 5. |              |     |
| 6. |              |     |
| 7. |              |     |

**Total:** \$ 689.00

**Business Information**

Business Address: 1980 STILLWATER AVENUE ST PAUL MN 55119  
Street City State Zip

Company Name: TOWN MART INC Doing Business As: TOWN MART

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 07/15/2009 Date of Anticipated Opening: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone #: (763) 744-7635 Email Address: \_\_\_\_\_

**Applicant Information**

Applicant Name: RAJWANT SANDHU  
First Middle Last

Title: PRESIDENT Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State License #

Home Address: \_\_\_\_\_  
City State Zip

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐  
If no, who will operate it?

Operator Name: \_\_\_\_\_  
First Middle Last  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you going to have a manager or assistant in this business? Yes: ☒ No: ☐

If manager is not the same as the operator, please complete the following information:

Manager Name: \_\_\_\_\_  
First Middle Last  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: RAJWANT SANDHU  
First Middle Last  
Title: PRESIDENT Email: [REDACTED]  
Home Address: [REDACTED]  
Street City State Zip  
Date of Birth: [REDACTED]

Officer Name: \_\_\_\_\_  
First Middle Last  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 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.

[REDACTED]

PRESIDENT  
Title

05/02/2025  
Date