



**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](http://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 Groceries Doing Business As: Amira Groceries  
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 Avenue 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 Avenue 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.

*Michael Sider*  
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:

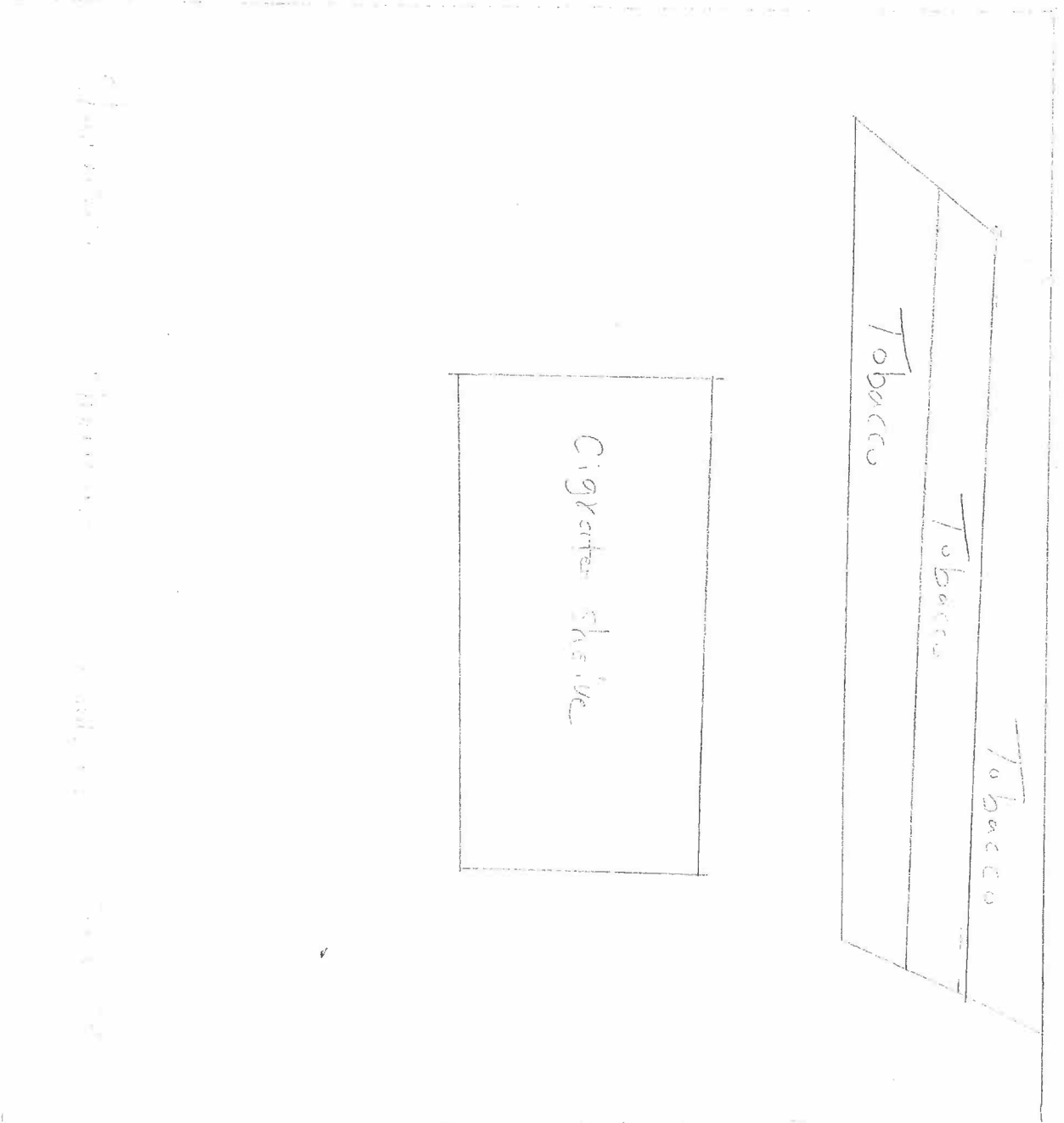
- 1. What is the estimated percentage of your total sales that will come from tobacco related products? \_\_\_\_\_
- 2. What will the minimum age be to enter the establishment? \_\_\_\_\_  
Describe what actions will be taken to enforce the minimum age requirement:

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

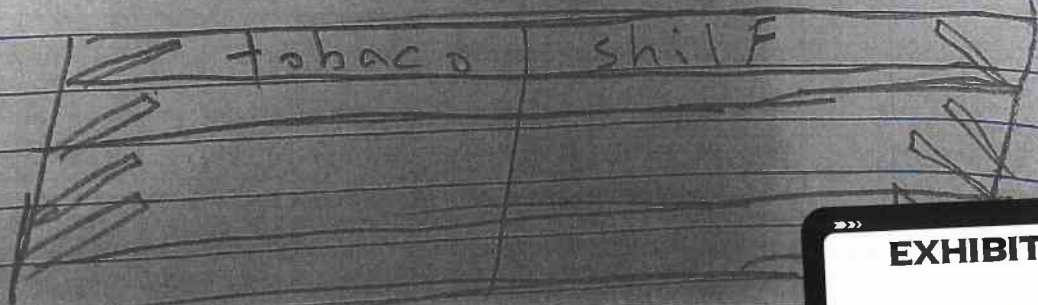
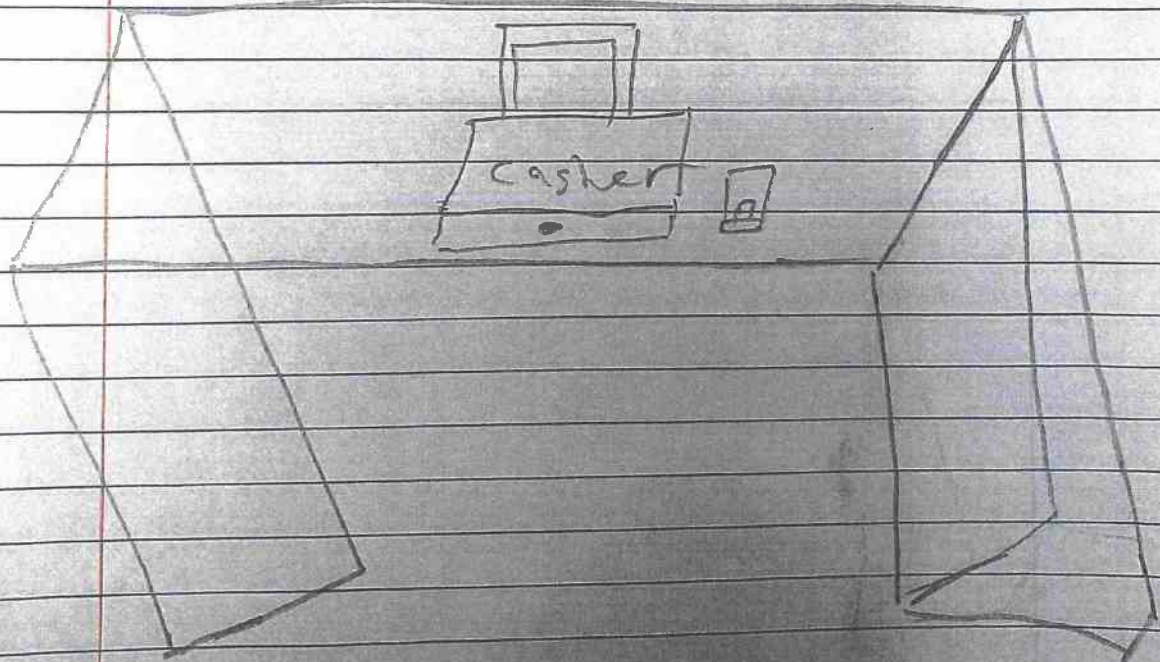
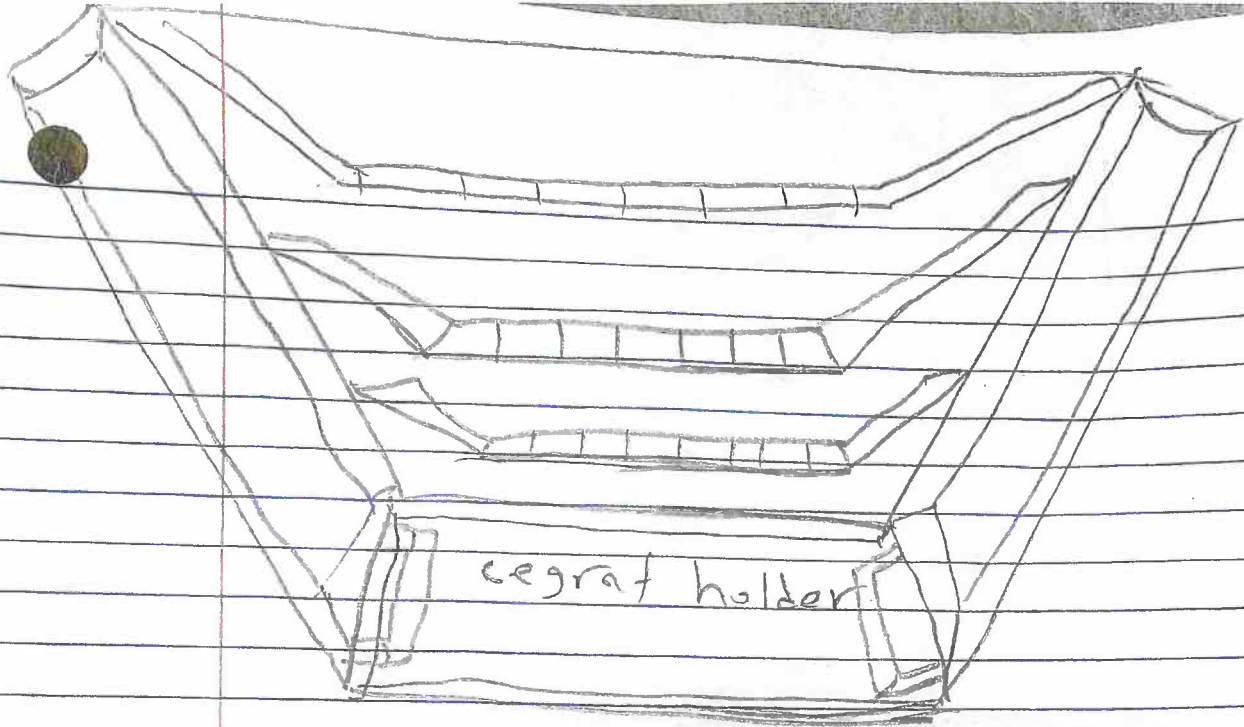


EXHIBIT  
12-6