



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. TOBACCO Shop \$535.00
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total: \$0.00 535.00

Business Information

Business Address: 957 RICE STREET ST. PAUL MN 55117
Street City State Zip

Company Name: HASH TAG LLC Doing Business As: SNAP MARKET

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 5-02-2023 Date of Anticipated Opening: 01-02-2024

Mailing Address: _____
Street City State Zip

Business Phone #: (651) 488-2693 Email Address: _____

Applicant Information

Applicant Name: MOHAMED AWAD OSMAN
First Middle Last

Title: OWNER Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes:



No:



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:

IMAD

HAG

ELAMIN

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:

MOHAMED

AWAD

OSMAN

First

Middle

Last

Title:

CEO

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name:

MAURICE

REDD

First

Middle

Last

Title:

MANAGER

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

Title

Date

OWNER

12-06-2023