11/14/2023 pd w/ cash $535.00 2L

ok to enter per JW

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

20230002089

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 SHOP — 535.00
b. — Received
c. — NOV 14 2023
d. — City of Saint Paul - DSI

Total: $ -

Business/Applicant Information

Business Address: 361 Earl St. (Street) St. Paul (City) MN (State) 55106 (Zip)
Mail To Address: 361 Earl St. (Street) St. Paul (City) MN (State) 55106 (Zip)
Company Name: MNA GROCERY LLC Doing Business As: MNA GROCERY
Company Type: Corporation ____ Partnership ____ Sole Proprietorship X
Licensee/Owner Name: (Responsible Party) MARWAN (First) WARDI (Middle)
Title: OWNER Driver's License: [redacted] (State) (License #)
Date of Birth: [redacted]
Applicant Home Address: [redacted] (Street) (City) (State) (Zip)
Home Phone #: [redacted] Business Phone #: ____
Fax #: ____ Email: [redacted]

Supplemental Required Information

Business Manager, if different from Applicant

Manager's Name: ____ (First) (Middle) (Last)
Home Address: ____ (Street) (City) (State) (Zip)
Date of Birth: ____/____/____ Phone #: ____
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.

[redacted]	OWNER	10/22/2023
Signature	Title	Date