

2023 000294



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

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 Products Shop \$488.00
- b. Alarm Permit # 27811 \$39.00
- 23-016191
- c. _____
- d. _____

\$495
\$40
\$535

Total: \$ 527.00

Business/Applicant Information

Business Address: 160 PENNSYLVANIA AVE ST PAUL MN 55103
Street City State Zip

Mall To Address: STE A
Street City State Zip

Company Name: MOWNEY INC Doing Business As: RIGHTS TOBACCO

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Licensee/Owner Name: AYMEN MOHAMMED SOHMAN
(Responsible Party) First Middle Last

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

Date of Birth: [REDACTED]

Applicant Home Address: [REDACTED] MN 55103
Street City State Zip

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

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: _____

Please list all other Person(s) to Appear on the Business License (Attach another sheet if applicable.)

Select Type: Officer Partner _____ Shareholder ID

Officer Name: AYMEN MOHAMMED SOLIMAN
First Middle Last

Home Address: [REDACTED]
Street City State Zip

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

Email Address: MOUNEYIA@LIVE.COM

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.

[Signature]
Applicant Signature

MANAGER
Title

02/21/23
Date