2023 0000294

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

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~~ $495

b. Alarm Permit # 27811 — ~~$39.00~~ $40
23-016191

c. _____

d. _____

Total: ~~$527.00~~ $535

Business/Applicant Information

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

Mail To Address: STE A
(Street / City / State / Zip)

Company Name: MOUNEY INC Doing Business As: HIGHS TOBACCO

Company Type: Corporation X Partnership _____ Sole Proprietorship _____

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

Title: MANAGER Driver's License: [redacted] (State / License #)

Date of Birth: [redacted]

Applicant Home Address: [redacted] (Street / City / State / Zip)

Home Phone #: [redacted] Business Phone #: 651-797-3018

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 X Partner _____ Shareholder 100% ID

Officer Name: AYMEN (First) MOHAMMED (Middle) SOLIMAN (Last)

Home Address: [redacted] (Street) MAHTOMEDI (City) MN (State) 55115 (Zip)

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

Email Address: MOUNEXI@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.

Applicant Signature _____ Title MANAGER Date 02/21/23