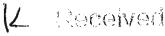
SAPETY & INSPECTIONS



Received Class "N" License Application

AUG 04 2023

LICENSES ARE NOT TRANSFERRABLE

Saint Paul, Minnesota 55101 Phone: 651-266-8989 Web: www.stpaul.gov/dsi

Payment must be received with each City of Saint Paul - DS review by the action is subject to

This application requires District Council notification prior to submission. Print out and sign this form once complete.

Types of Lice	nse(s) being applied for:		Fee(s):		
1. Re	ental Hall		\$ 2	\$ 297	
2. <u>Th</u>	eater and Movie Theater		\$	194	
3					
4.					
5					
6.					
7.					
			Total:	491	
Business Informa	ation				
Business Addı	ress: 677 Hamline Ave North	Saint Paul	I MN State	55104	
	me: The Hive Collaborative L		ess As: The Hive Colla	borative	
Company T	ype: Corporation	Partnership 🔵	Sole Proprietors	ihip 🔘	
Date of Incorporat	tion: 11/23/2022	Date of Anticipated Opening: 08/01/2023			
Mailing Addı	ress: 677 Hamline Ave North	Saint Pau	II MN State	55104	
	ne #: (651) 303-6239	•	Address: thehivecollab		
Applicant Info	rmation				
Applicant	Name: Eric	Loyd ^{Middle}	Morris Last		
т	First	Date o			
Drivers Lice	nse: State License#	Email:			
Home Addr	ess:	City	State	Zíp	
Cell Phon	e #	Alternate I	Phone #:		

Supplemental Required Information Are you going to operate this business personally? No: If no, who will operate it? **Operator Name:** Home Address Date of Birth: ___ Phone #: ____ Email Address: Yes: (●) No: Are you going to have a manager or assistant in this business? If manager is not the same as the operator, please complete the following information: Manager Name: Laura Theresa Rudolph Morris **Home Address Email Address:** Phone #: Date of Birth: Please list all other officers of the corporation (Attach another sheet if applicable.) Rudolph Morris Officer Name: Laura Theresa Middle Title: **Home Address** Date of Birth Phone #: Officer Name: Middle Last Title: Email: ___ Home Address: Street State _____ Phone #: ___ Date of Birth: _ Officer Name: Middle Title: Home Address: Street Zip State 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. OWW 8.4.2023

Applicant Signature

LICENSE APPLICATION NOTIFICATION

License Number:

20230001389

Application for:

Dance or Rental Halls and Theaters and Movie Theaters

License at:

677 Hamline Ave N

Licensee:

The Hive Collabortive LLC, doing business as The Hive Collabortive

Eric Morris, owner, 651-303-6239

Recommended License Conditions: none

Deadline for Response Date: Saturday, October 7, 2023, at 4:30 p.m.

If you have any comments on the license application, you must respond in writing by Saturday, October 7, 2023 to:

Legislative Hearing Officer 310 City Hall 15 West Kellogg Blvd. Saint Paul, MN 55102

Or email to: LH-Licensing@ci.stpaul.mn.us

If you have any questions, please contact DSI Inspectors Ross Haddow or Jeff Fischbach at 651-266-8989.

Notice Mailed: Friday, September 22, 2023

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