

240000348

### Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

*This application requires District Council notification prior to submission.*

**Types of License(s) being applied for:**

**Fee(s):**

- 1. Health or Sports Club \$405
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Total:** \$405.00

**Business Information**

Business Address: 576 Front Avenue St. Paul MN 55117  
Street City State Zip

Company Name: TMREIT, LLC Doing Business As: The Mali Center

Company Type:  Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 12/9/2022 Date of Anticipated Opening: 6/1/2024

Mailing Address: 576 Front Avenue St. Paul MN 55117  
Street City State Zip

Business Phone #: (651) 645-5242 Email Address: [REDACTED]

**Applicant Information**

Applicant Name: Tyrone Minor  
First Middle

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### Supplemental Required Information

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

Operator Name: Tyrone Minor  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: [Redacted] 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: \_\_\_\_\_  
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: Tyrone Minor  
First Middle Last

Title: Owner Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: [Redacted] Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ 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.

[Redacted Signature] Owner Title Date 3.8.24