2011000319

CITY OF ST. PAUL

CLASS N LICENSE APPLICATION
LICENSES ARE NOT TRANSFERABLE
Payment must be received with Each Application
This application is subject to review by the public

Types of License(s) being applied for: (Office Use Only) | Fees

Health/Sport Club (Excercise Only) 345.00
Tanning Facility 90.00
Alarm Permit 27.00

Total 462.00

Anticipated Date of Opening: - taking over existing business -
Company Name: Metro Lofts Snap Fitness
If business is incorporated, give date of incorporation: March 16th 2011
Business Name (DBA): Bowman Fitness LLC DBA
Business address (business location): Metro lofts Snapfitness 2650 University Ave St Paul MN 55114
Between what cross streets is the business located? Emerald St. Which side of the street? South
Mail to address (if different than business address): 1367 Willow St. Suite 542 Mpls MN 55403

APPLICANT INFORMATION:
Heather Jo Bowman President

Home Address:

Date of Birth: Home Phone:

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES ____ NO X

N/A

List licenses which you currently hold, formerly held, or may have an interest in:
Cosmetology Manager / MN Real Estate Sales Agent

APPLICANT INFORMATION (Continued):

Are you going to have a manager or assistant in this business? ______ Yes ___X___ No. If the manager is not the same as the operator, please complete the following information:

First Name | Middle Initial | (Maiden) | Last | Date of Birth

Home Address: Street #, Name, Type, Direction) | City | State | Zip + 4 | Phone Number

Previous Work History (list name, address and phone number of all employers for the previous 5 year period.

Myself

Snap Fitness corporate offices

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
N/A					

If this is a partnership, please include the following information for each partner (use additional pages if necessary):

Heather | Jo | Bowman | |
First Name | Middle Initial | (Maiden) | Last | Date of Birth

Home Address: Street #, Name, Type, Direction) | City | State | Zip + 4 | Phone Number

First Name | Middle Initial | (Maiden) | Last | Date of Birth

Home Address: Street #, Name, Type, Direction) | City | State | Zip + 4 | Phone Number

MINNESOTA TAX IDENTIFICATION NUMBER

[illegible] Laws of Minnesota [illegible] Chapter [illegible] Article [illegible] Section [illegible] [illegible] business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of [illegible] [illegible] regarding the use of the Minnesota Tax Identification Number:

[illegible]

Minnesota Tax Identification Number: 45-2899638

[ ] [illegible] Minnesota Tax ID is not required for the business being operated, indicate so by placing an "X" in the box.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS 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 and all times when the business is in operation.

Signature (REQUIRED for all applications) Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – "1" is most preferred):

2 Phone Number with area code: 651.324.4782 Extension —
Check the type of Phone Number listed above: ☐ Business ☐ Home ☒ Cell ☐ Fax ☐ Pager

3 Phone Number with area code: 651.649.0000 Extension
Check the type of Phone Number listed above: ☒ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

4 Mail: Street #, Name, Type, Direction [illegible] State Zip + 4

1 Internet: bowmanFitness@gmail.com
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord to operate this type of business specified on the premises [illegible] specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, election of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include [illegible] distribution/allocation of corporate shares.

** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. *

E: 8/17/11 – lab

Signature of Cardholder (required for all charges)

$ 462.00

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa)

☒ American Express ☐ Discover ☐ MasterCard ☐ Visa Expiration Month/Year Sale