



**CITY OF SAINT PAUL**  
 Department of Safety and Inspections  
 375 Jackson Street, Suite 220  
 Saint Paul, Minnesota 55101  
 Phone: 651-266-8989  
 Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

### Class "N" 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. Class N - Health + Sports Club (staffed) 375.00
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 375 -

#### Business Information

Business Address: 757 Cleveland Ave. S. St. Paul MN 55116  
Street City State Zip

Company Name: Bold Bit LLC Doing Business As: Club Pilates Highland Park West

Company Type: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Date of Incorporation: 11 / 22 / 22 Anticipated Opening: 3 / 30 / 23

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

Business Phone: 651-204-8494 Fax Number: NA

#### Applicant Information

Applicant Name: Topher James Nelson  
First Middle Last

Title: President / owner Date of Birth: .. / .. / ..

Drivers License: \_\_\_\_\_ all: \_\_\_\_\_  
State License #

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? GM to be hired

Operator Name: \_\_\_\_\_  
First Middle Last  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth:    /   /    Phone #: \_\_\_\_\_

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: to be hired

Manager Name: \_\_\_\_\_  
First Middle Last  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth:    /   /    Phone: \_\_\_\_\_

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Christopher (Topher) James Nelson  
First Middle Last  
Title: President / Owner 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: \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_ Title: President / Owner Date: 1-21-23