



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

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: _____

(Continued on back)

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