

20240000752

Received Class "N" License Application

APR 16 2024

LICENSES ARE NOT TRANSFERRABLE



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

City of Saint Paul - DSJ

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

This application requires District Council notification prior to submission.

Types of License(s) being applied for:	Fee(s):
1. <u>Class N (Health/Sports Club License)</u>	<u>405.00</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
Total: \$ 405.00	

Business Information

Business Address: 655 Fairview Ave, N St. Paul MN 55105
Street City State Zip

Company Name: St. Paul Pilates & Fitness Doing Business As: _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 12/19/2022 Date of Anticipated Opening: 01/01/2023

Mailing Address: _____
Street City State Zip

Business Phone #: (507) 363-1053 Email Address: _____

Applicant Information

Applicant Name: Laura Ann Lavender
First Middle Last

Title: Owner Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
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: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ 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: Travis _____ Nietert _____
First Middle Last

Title: Owner _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Officer Name: Ericca _____ Richter-Maas _____
First Middle Last

Title: Owner _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

Officer Name: _____
First Middle Last

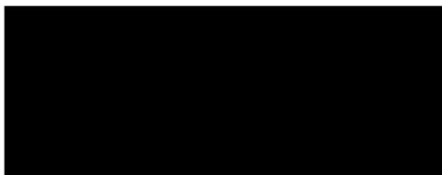
Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

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.



Owner
Title

04/13/24
Date