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20190003735



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. HEALTH / SPORT CLUB (STAFFED) \$362
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 362 .

Business Information

Business Address: 477 SELBY AVE ST. PAUL MN 55102  
Street City State Zip

Company Name: WOLVERINE FITNESS LLC Doing Business As: FARRRELLS ST PAUL

Company Type: Corporation  Partnership  Sole Proprietorship

Date of Incorporation: 111117 Anticipated Opening: 1 1

Mailing Address: 477 SELBY AVE ST PAUL MN 55102  
Street City State Zip

Business Phone: 612-859-7061 Fax Number: \_\_\_\_\_

Applicant Information

Applicant Name: EDWARD JOHN MCNAMARA  
First Middle Last

Title: OWNER Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_  
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?

Operator Name: \_\_\_\_\_  
First Middle Last

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

Date of Birth: 1 / 1 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:

Manager Name: CASEY THOMAS BLOEMKE  
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: CASEY BLOEMKE  
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: 1 / 1 Phone: \_\_\_\_\_

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

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

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

Date of Birth: 1 / 1 Phone: \_\_\_\_\_

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION.

I hereby state that I have read 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

Date

OWNER

11/12/19