



SAINT PAUL
SAFETY & INSPECTIONS

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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- 1. Health / Sports Club license 405.⁰⁰
- 2. ~~Unstaffed (Exercise Only)~~
- 3. 08/29/2024 changed to staffed facility (S)
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: \$ 0.00

Business Information

Business Address: 431 Snelling ave N St. Paul MN 55104
Street City State Zip

Company Name: Take A Breath LLC Doing Business As: Hotwork

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 4/7/21 Date of Anticipated Opening: Sept 2024

Mailing Address: 786 Hague ave St. Paul MN 55104
Street City State Zip

Business Phone #: (651) 661-9396 Email Address: Natalia.davis@hotwork.net

Applicant Information

Applicant Name: Natalia Elizabeth Caston
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED] [REDACTED] Email: [REDACTED]
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: Natalia Boston
First Middle Last
Home Address: [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
Street City State Zip
Date of Birth: [Redacted] Phone #: [Redacted] Email Address: [Redacted]

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: Natalia Boston
First Middle Last
Title: Owner Email: [Redacted]
Home Address: [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
Street City State Zip
Date of Birth: [Redacted] Phone #: [Redacted]

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. 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.

[Signature] Owner 6/28/24
Applicant Signature Title Date