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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. 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: 11/1/17 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