20170001768

CITY OF SAINT PAUL
Department of Safety and Inspections
Ricardo X. Cervantes, Director
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" License Application

RECEIVED
MAY 04 2017
By: City of St. Paul DSI

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 CLUB — 362
b. FOOD SERVICE (MN DEPT OF HEALTH) - SMOOTHIE BAR —
c. —
d. —
e. —
f. —
g. —

Total: $ 362 -

Business Information

Business Address: 747 CLEVELAND AVE S (Street) ST PAUL (City) MN (State) 55116 (Zip)

Company Name: ALCHEMY 365, LLC Doing Business As: ALCHEMY

Company Type: Corporation ____ Partnership X Sole Proprietorship ____

Date of Incorporation: 9 / 1 / 2014 Anticipated Opening: 9 / 9 / 2017

Mailing Address: 246 9TH AVE N (Street) MINNEAPOLIS (City) MN (State) 55401 (Zip)

Business Phone: ____ Fax Number: ____

Applicant Information

Applicant Name: JOHN (First) MICHAEL (Middle) JONES (Last)

Title: CEO Date of Birth: ____

Drivers License: State ____ License # ____ Mail: ____

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: X No: ____

If no, who will operate it?

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: X No: ____

If manager is not the same as the operator, please complete the following information:

Manager Name: MOLLY (First) B (Middle) HANTEN (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: JOHN (First) MICHAEL (Middle) JONES (Last)

Title: CEO Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____ Phone: ____

Officer Name: ANDREA (First) LYNES (Middle) JONES (Last)

Title: ____ Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____ Phone: ____

Officer Name: ~~TYLER J QUINN~~ TYLER KENT QUINN (First / Middle / Last)

Title: CTO 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.

Applic ____ CEO (Title) 4/27/17 (Date)