



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

NOV 8 1 2024

City of Saint Paul - DSI

OKAY TO ENTER  
NO RECEIVED

### 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.	ClassN(Health&SportsClub)	405.00
2.		
3.		
4.		
5.		
6.		
7.		

**Total:** \$ 405.00

### Business Information

**Business Address:** 2327 Wycliff St 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:** 2153 St. Clair Ave St. Paul MN 55105  
Street City State Zip

**Business Phone #:** (507) 363-1053 **Email Address:** [REDACTED]

### Applicant Information

**Applicant Name:** Laura Ann Lavender  
First Middle Last

**Title:** Owner **Date of Birth:** [REDACTED]

**Drivers License:** [REDACTED]

**Home Address:** [REDACTED]

**Cell Phone #:** [REDACTED]

### 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Officer Name: Ericca \_\_\_\_\_ Richter-Maas \_\_\_\_\_  
First Middle Last

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

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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.



\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_