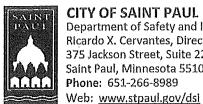
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CITY OF SAINT PAUL

Department of Safety and Inspections Ricardo X. Cervantes, Director 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101 Phone: 651-266-8989

LICENSES ARE NOT TRANSFERRABLE

Class "N" License Application

Payment must be received with Each Application This application is subject to review by the public.

Types of License(s) being applied for:		ee(s):
a. HEA	LTH CLUB	362
b. <u>FOOD</u>	SERVICE (MN DEPT OF HEALTH) - SUNDETHIS BAR	·
с		
d.		
е,		
f.		
g,		
S	7	otal: \$362 -
Business Information	747 CLEVELAND AVES ST PAUL	MN 55116
	Street City	State Zio
Company Name:	ALCHEMY 365, LLC Doing Business As: ACC	HEMY
Company Type:	Corporation Partnership K Sole Pro	prietorship
Date of Incorporation:	9 1 1 1 70 14 Anticipated Opening: 9 1	9 12017
Mailing Address:	246 914 AVE & MINNEAFOLIS Street City	Mw 5540/ State Zip
Business Phone:	Fax Number:	
Applicant Information		
Applicant Name:	JOHN MICHAEL JONG	is
Title:	CEO Date of Birth:	·
Drivers License:	State License #	
Home Address:	Street City	State Zip —
Cell Phone:	Alternate Phone:	

upplemental Required	Information			
Are you going to operate	this business personally?	Yes: X No:		
If no, who will operate it?				
Operator Name:				
Home Address:	First	Middle	Last	
nome Audress:	Street	City	State	Zip
Date of Birth:		Phone #:		<u> </u>
Are you going to have a m	anager or assistant in this business	Yes: <u>/X</u>	No:	
	e as the operator, please complete t			
Manager Name:	MOWY	B Middle	HANTEN	
Home Address:	-	City		
Date of Birth:	Street	City Phone:	afet?	Zip
Please list all other of	ficers of the corporation (Atta	ch another sheet if applicable.)		
Officer Name:	JOHN First	MICHAEL	JONES Last	÷
Title:	First (SED)		Last	
		¥		
Home Address:	Street	City	Ctata	Zip
Date of Birth:		Phone:	,	
Officer Name:	ANIDOSA	121195	Jö NES	
4,,,	AWDRAA First		Last	1 -
Title:		Email:		
Home Address:				
m.) (fitalia	Street	City	Ctata	Zip
Date of Birth:		Phone:		
Officer Name:	THE POUNT	AN TYLER KE	ENT QUINN	
Title	First O	Middle Email:	Inch	
111101				•
Home Address:		City	State	Zlp .
Date of Birth:	Streat	City Phone:	State	zik '
2440 01 27 111		•		
FALSIFICATION OF ANSI	WERS GIVEN OR MATERIAL SUBN	NITTED WILL RESULT IN DENIAL OF API	PLICATION.	
I hereby state that I have a and belief.	inswered all of the preceding questic	ons and that the information contained her	ein is true and correct to the bes	t of my knowledge
.*				
			, ,	
		LE0	4/27/	17
Applic		· Title	Date	