

20170001268



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](http://www.stpaul.gov/dsi)

RECEIVED  
Class "N" License Application

MAY 14 2017  
LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application  
This application is subject to review by the public.  
By: City of Saint Paul

Types of License(s) being applied for:

Fee(s):

- a. HEALTH CLUB 362
- b. FOOD SERVICE (MN DEPT OF HEALTH) - SANDWICH BAR
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

Total: \$ 362 -

**Business Information** 747 CLEVELAND AVE S ST PAUL MN 55116

Business Address: ~~914 9TH AVE N~~ ~~MINNEAPOLIS~~ ~~MN~~ ~~55401~~

Street City State Zip

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

Company Type: Corporation \_\_\_\_\_ Partnership X Sole Proprietorship \_\_\_\_\_

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

Mailing Address: 246 9TH AVE N MINNEAPOLIS MN 55401

Street City State Zip

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Applicant Information**

Applicant Name: JOHN MICHAEL JONES

First Middle Last

Title: CEO Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Mail: \_\_\_\_\_

State License #

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

Street City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**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 B HAWTEN

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: JOHN MICHAEL JONES

First Middle Last

Title: CEO

Email: \_\_\_\_\_

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

Street City State Zip

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

Phone: \_\_\_\_\_

Officer Name: ANDREA JONES JONES

First Middle Last

Title: \_\_\_\_\_

Email: \_\_\_\_\_

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

Street City State Zip

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

Phone: \_\_\_\_\_

Officer Name: ~~TYLER KENT 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 \_\_\_\_\_

9/27/17

Date \_\_\_\_\_