

20190000697



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 License 362.00
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$ 362.00

Business Information

Business Address: 755 Prior Ave. North ^{✓ Suite 235C} St. Paul MN 55104
Street City State Zip

Company Name: Halstead Fitness, LLC Doing Business As: Strength Collective

Company Type: Corporation Partnership _____ Sole Proprietorship _____

Date of Incorporation: 06 / 22 / 2016 Anticipated Opening: 04 / 01 / 2019

Mailing Address: _____
Street City State Zip

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: Jennifer Marie Halstead
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: ____/____/____

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:

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:

First Middle Last

Title:

_____ 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: ____/____/____

Phone: _____

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.

Signature

Owner
Title

3-5-19
Date

E-3/20/19-lab