

20110003191



CITY OF ST. PAUL
DEPARTMENT OF PUBLIC UTILITIES
300 JACKSON STREET, ST. PAUL, MN
55102-2500, TEL: 651-222-3344
FAX: 651-222-3344
WWW.CITYOFSTPAUL.MN

CLASS M LICENSE APPLICATION
LICENSEE OF ANY TRADE/PROFESSION
Payment must be received with each Application
(This application is subject to review by the public)

Types of Licenses being applied for: (Office Use Only)	Fees
Health/Sport Club (Exercise Only)	345.00
Training Facility	90.00
Alarm Permit	27.00

Total: 462.00

Subsidiary Name of Applicant: - taking over existing business -

Company Name: Metro Lofts Snap Fitness (Sole Proprietorship)

If business is incorporated, give date of incorporation: March 16th 2011

Business Name (DBA): Bowman Fitness LLC DBA Business Phone: _____

Business Address (business location): Metro Lofts Snap Fitness 2650 University Ave St Paul MN
Street, Name, Type, Direction City State Zip + 4 55114

Where is most customer traffic to the business located? Emerald St. Which side of the street? South

Mail to address (if different from business address): 1307 Willow St. Suite 542 Mpls MN 55403
Street, Name, Type, Direction City State Zip + 4

APPLICANT INFORMATION:

Name and Title: Heather Jo Bowman President

Home Address: _____

Date of Birth: _____ Date of Birth: _____ Home Phone: _____

Other Licenses: _____ State of License: _____

Do you have any other employment or other business activities? Yes No

Employer Name: _____

Employer: N/A Occupation: _____

Do you have any other licenses held, former held, or may have held in the past? _____

Cosmetology manager / MN Real Estate Sales Agent

Signature: _____ Date: _____

City of St. Paul: _____ Date: _____

APPLICANT INFORMATION

Do you wish to have a manager or assistant to this business? Yes No. If the manager is not the same as the operator please complete the following information:

Name: _____
 First Name: _____ Middle Initial: _____ Maiden: _____ Last: _____ Date of Birth: _____
 Home Address: Street #, Name, Town, Direction: _____ City: _____ State: _____ Zip - 4: _____ Phone Number: _____
 Please check the appropriate name address and phone number of all parties for the past 12 months period.

Myself
 Snap Fitness Corporate Offices

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
N/A					

List other co-ownership parties (use additional pages if necessary):

Heather Jo Bowman
 First Name: _____ Middle Initial: _____ Maiden: _____ Last: _____ Date of Birth: _____
 Home Address: Street #, Name, Town, Direction: _____ City: _____ State: _____ Zip - 4: _____ Phone Number: _____

 First Name: _____ Middle Initial: _____ Maiden: _____ Last: _____ Date of Birth: _____
 Home Address: Street #, Name, Town, Direction: _____ City: _____ State: _____ Zip - 4: _____ Phone Number: _____

ATTENTION: TAX IDENTIFICATION NUMBER
 For more information, please refer to the following information for each partner (use additional pages if necessary):
 1. If you are a partner in the State of Michigan, you must file a Michigan income tax return and the social security number of each income applicant.

Under the Michigan Government to the Federal Government, the Federal Government has issued a notice regarding the use of the Michigan Tax Identification Number.
 The Michigan Tax Identification Number is a number that is assigned to all businesses and individuals who have a Michigan tax liability. It is used to identify the business for tax purposes. It is also used to identify the business for other purposes, such as obtaining a business license, opening a bank account, and applying for a loan.
 The Michigan Tax Identification Number is also used to identify the business for other purposes, such as opening a bank account, applying for a loan, and obtaining a business license. It is also used to identify the business for other purposes, such as opening a bank account, applying for a loan, and obtaining a business license.

Michigan has its own tax system. 45-2899638

If you are a partner in the State of Michigan, you must file a Michigan income tax return and the social security number of each income applicant.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL OMISSIONS
WILL RESULT IN DENIAL OF YOUR BUSINESS 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 hereby state further that I have received no money in cash consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this promise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications)

Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(Please rank in order of preference - "1" is most preferred)

2 Phone Number with area code: 651-324-4732 Extension:
 Check the type of Phone Number listed above: Business Home Cell Fax Pager

3 Phone Number with area code: 651-649-0000 Extension:
 Check the type of Phone Number listed above: Business Home Cell Fax Pager

4 Mail: _____
 Specify city, state, type, business _____

3 1 Internet: bowmanfitness@gmail.com
 E-mail Address: _____

All Class 2 applications must be submitted with the following documents:

1. Provide a copy of your zoning (signed) and local ordinance assignment, as well as a letter of consideration from the landlord to allow this type of business operation on the premises, with a copy filed in the back of the application. Provide a copy of your Business Agreement number and/or name of the property.
2. If not licensed to participate, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, minutes of officers and board of directors to come into existence and your business. The first corporate meeting minutes should contain a written authorization of corporate status.

*Note: If your license requires a Surety Bond or Certificate of Insurance, you may have any insurance expiration dates until you can comply with the license.

9: 8/17/11 - Lab

Signature of Cardholder (required for all charges)

\$ 462.00

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

American Express Discover MasterCard Visa

Expiration:
Month/Year