

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)

**Class "N" License Application**

**LICENSES ARE NOT TRANSFERRABLE**

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

RECEIVED  
MAY 14 2017  
By: City of St Paul DSI

Types of License(s) being applied for:

Fee(s):

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

Total: \$ 362 -

**Business Information**

Business Address: 747 CLEVELAND AVE S ST PAUL MN 55116  
Street City State Zip

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:

First Middle Last MOLLY B HAWTSEN

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 JOHN MICHAEL JONES

Title:

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

Home Address:

Street City State Zip

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

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

Officer Name:

First Middle Last ANDREA JONES

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

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

Home Address:

Street City State Zip

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

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

Officer Name:

First Middle Last ~~TYLER KENT QUINN~~ TYLER KENT QUINN

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

\_\_\_\_\_  
Title

CEO

\_\_\_\_\_  
Date

9/27/17