



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/ds

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 \$362.⁰⁰
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Total: \$362.⁰⁰

Business Information

Business Address: 755 PRIOR AVE. N., SUITE 1220, ST. PAUL, MN 55104

Company Name: FLY FREAK YOGA LLC Doing Business As: Fly Freak Yoga

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 4, 2, 2017 Anticipated Opening: 5, 16, 2018

Mailing Address: 755 PRIOR AVE N, SUITE 1220, ST PAUL, MN 55104

Business Phone: _____ Fax Number: _____

Applicant Information

Applicant Name: HAYLEY JEAN SACCAMAN

Title: MISS Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone: 612 685 5263 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.

Applic:

Title

owner/operator

Date

4/16/18