

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

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

Saint Paul, Minnesota 55101 Phone: 651-266-8989 Web: www.stpaul.gov/dsi

This application requires District Council notification prior to submission.

Types of License(s	Fee(s):		
1. Health	/Sport Club		405.00
2.			
3.			
4			
5			
7.			
			Total: \$ 405.00
usiness Information	1	*	E. C.
Business Address:	700 Grand Avenue	St. Paul	MN 55105 State Zip
	Core LLC	•	As: Core Pilates and Yoga
Company Type:	Corporation 🔘	Partnership 🔘	Sole Proprietorship
Date of Incorporation:	10/11/2004	Date of Anticipated Oper	ning: 04/01/2024
Mailing Address:	Street		
Business Phone #	Street	City Email A	ddress: heather@corestudiostpaul.c
Applicant Informa	ition		
Applicant Nam	Heather	Marie ^{Middle}	Fisher
Title:	Owner	Date of I	Birth:
Drivers License	State License #	Email	
Home Address:			
Cell Phone #:	Street	Alternate Ph	one #:

Street manager or assis	Phone #:	City	Last		
Street manager or assis	Phone #:	City	Last		
Street manager or assis	Phone #:	City	1001		
nanager or assis	Phone #:				
nanager or assis				State	Zip
_	tant in this business?		Email Address:		
ne as the operat		Yes:	No: 📵		
-	or, please complete th	e following infor	mation:		
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SWERS GIVEN O	R MATERIAL SUBMIT	TED WILL RESU	LT IN DENIAL OF	APPLICATIO	N
SWERS GIVEN O wered all of the pred so hereby state that	PR MATERIAL SUBMIT ceding questions and that the have provided a complete	TED WILL RESU	LT IN DENIAL OF A	correct to the	t
	First Street Street Street Street Street	Phone #: Officers of the corporation (Attach First Midd Street Phone #: First Midd E Street Phone #: Street Phone #: Street Street Phone #: Street Street Phone #: Street Street Phone #: Swers GIVEN OR MATERIAL SUBMIT Swered all of the preceding questions and that the swered all of the preceding questions and questions	Phone #: Difficers of the corporation (Attach another sheet First Middle Email: Street City Phone #: Street City Phone #: Street City Phone #: Street City Phone #: Street City Street City Phone #: Swers Given or Material Submitted Will Results of the preceding questions and that the information contails of hereby state that I have provided a completed District Council No	Phone #: Email Address: Difficers of the corporation (Attach another sheet if applicable.) First	Phone #: Email Address: Email Address: Email Address: Email Address: Email Address: Email