



SAINT PAUL
SAFETY & INSPECTIONS

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

Received Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

JUL 07 2025

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

City of Saint Paul - DSI

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

- | | | |
|----|-----------------------------|----------|
| 1. | Health / Sport Club License | \$405.00 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total: \$ 405.00

Business Information

Business Address: 747 Cleveland Ave South Saint Paul MN 55116
Street City State Zip

Company Name: Blue Moxy Wellness, LLC **Doing Business As:** Discover Strength

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 07/14/2024 **Date of Anticipated Opening:** 10/15/2025

Mailing Address: 8665 Platinum Drive Woodbury MN 55129
Street City State Zip

Business Phone #: (317) 694-2125 **Email Address:** mhxiong88@gmail.com

Applicant Information

Applicant Name: Mathew Hniatou Xiong
First Middle Last

Title: President **Date of Birth:** [REDACTED]

Drivers License: MN [REDACTED] **Email:** mhxiong88@gmail.com
State License #

Home Address: 8665 Platinum Drive Woodbury MN 55129
Street City State Zip

Cell Phone #: (317) 694-2125 **Alternate Phone #:** (651) 246-8828

Supplemental Required Information

Are you going to operate this business personally?
If no, who will operate it?

Yes: ☒

No: ☐

Operator Name:

First Middle Last

Home Address:

Street City State Zip

Date of Birth: Phone #: Email Address:

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 #: Email Address:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Molly

First Middle Last

Yang

Title: Member

Email: yangmolly83@gmail.com

Home Address: 8665 Platinum Drive

Street City State Zip

Woodbury

MN

55129

Date of Birth:



Phone #: (651) 246-8828

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. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

President

Title

06/26/2025

Date