SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: 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.

This application requires District Council notification prior to submission.

Types of License(s) being applied for: Fee(s):

1. Health / Sports Club license   405.⁰⁰
2. ~~Unstaffed (Exercise Only)~~
3. 08/20/2024 Changed to staffed facility (5.⁰⁰)
4.
5.
6.
7.

Total: $ 0.00

Business Information

Business Address: 431 Snelling ave N St. Pal MN 55104
Street — City — State — Zip

Company Name: Take A breath LLC   **Doing Business As:** Hotwork

Company Type: Corporation ⊘   Partnership ○   Sole Proprietorship ○

Date of Incorporation: 4/7/21   **Date of Anticipated Opening:** Sept 2024

Mailing Address: 786 Hague ave St. Pal MN 55104
Street — City — State — Zip

Business Phone #: (651) 661-9396   **Email Address:** natalia.davis@hotwork.net

Applicant Information

Applicant Name: Natalia   Elizabeth Eleebth   Gaston
First — Middle — Last

Title: Owner   **Date of Birth:** ████

Drivers License: ████   **Email:** ████
State — License #

Home Address: ████
Street — ████ — ████ Zip

Cell Phone #: ████   **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: _Natalia_　　　　　　　　　　　　　　　　　　_Gaston_
　　　　　　　　　　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: _Natalia_　　　　　　　　　　　　　_Gaston_
　　　　　　　　First　　　　　　　　Middle　　　　　Last

Title: _Owner_　　　　　　**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. 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.

_____　　　_Owner_　　　_6/28/24_
Applicant Signature　　　　　　　　Title　　　　　　　Date