SAINT PAUL
SAFETY & INSPECTIONS

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

12 Received
AUG 04 2023
City of Saint Paul - 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.
Print out and sign this form once complete.

Types of License(s) being applied for:	Fee(s):
1. Rental Hall	$297
2. Theater and Movie Theater	$194
3.	
4.	
5.	
6.	
7.	
Total:	491

Business Information

Business Address: 677 Hamline Ave North (Street) Saint Paul (City) MN (State) 55104 (Zip)

Company Name: The Hive Collaborative LLC **Doing Business As:** The Hive Collaborative

Company Type: Corporation ○ Partnership ◉ Sole Proprietorship ○

Date of Incorporation: 11/23/2022 **Date of Anticipated Opening:** 08/01/2023

Mailing Address: 677 Hamline Ave North (Street) Saint Paul (City) MN (State) 55104 (Zip)

Business Phone #: (651) 303-6239 **Email Address:** thehivecollaborativemn@gm

Applicant Information

Applicant Name: Eric (First) Loyd (Middle) Morris (Last)

Title: **Date of Birth:** [redacted]

Drivers License: [redacted] (State License #) **Email:** [redacted]

Home Address: [redacted] (Street) (City) (State) (Zip)

Cell Phone #: [redacted] **Alternate Phone #:** [redacted]

(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: [redacted]
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: Laura Theresa Rudolph Morris
First Middle Last

Home Address: [redacted]
Street State Zip

Date of Birth: [redacted] **Phone #:** [redacted] **Email Address:** [redacted]

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

Officer Name: Laura Theresa Rudolph Morris
First Middle Last

Title: _____ **Email:** [redacted]

Home Address: [redacted]
Street City State Zip

Date of Birth: [redacted] **Phone #:** [redacted]

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.

[redacted] Owner 8.4.2023

Applicant Signature Title Date

LICENSE APPLICATION NOTIFICATION

License Number: 20230001389

Application for: Dance or Rental Halls and Theaters and Movie Theaters

License at: 677 Hamline Ave N

Licensee: The Hive Collabortive LLC, doing business as The Hive Collabortive
Eric Morris, owner, 651-303-6239

Recommended License Conditions: none

Deadline for Response Date: Saturday, October 7, 2023, at 4:30 p.m.

If you have any comments on the license application, you must respond in writing by Saturday, October 7, 2023 to:

Legislative Hearing Officer
310 City Hall
15 West Kellogg Blvd.
Saint Paul, MN 55102

Or email to: LH-Licensing@ci.stpaul.mn.us

If you have any questions, please contact DSI Inspectors Ross Haddow or Jeff Fischbach at 651-266-8989.

Notice Mailed: Friday, September 22, 2023