

240000348

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) being applied for:

Fee(s):

- | | | |
|----|-----------------------|-------|
| 1. | Health or Sports Club | \$405 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Total:

\$405.00

Business Information

Business Address: 576 Front Avenue St. Paul MN 55117
Street City State Zip
 Company Name: TMREIT, LLC Doing Business As: The Mali Center

Company Type: ☒ Corporation ☐ Partnership ☐ Sole Proprietorship

Date of Incorporation: 12/9/2022 Date of Anticipated Opening: 6/1/2024

Mailing Address: 576 Front Avenue St. Paul MN 55117
Street City State Zip

Business Phone #: (651) 645-5242 Email Address: [REDACTED]

Applicant Information

Applicant Name: Tyrone Minor
First Middle

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: [REDACTED]

Home Address: [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] Alternate Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: ☒ No: ☐
If no, who will operate it?

Operator Name: Tyrone Minor
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: [REDACTED] 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: Tyrone Minor
First Middle Last

Title: Owner Email: _____

Home Address: _____
Street City State Zip

Date of Birth: [REDACTED] 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.

[REDACTED] Owner 3.8.24
Title Date