

Form A – Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. _____
(Insert file number of immediately preceding filing of Applicant)

State: MINNESOTA

Fee: \$200

APPLICATION FOR (Check only one):

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- RENEWAL APPLICATION OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

1. **Full legal name of Franchisor:** Suite Surroundings, LLC
2. **Name of the franchise offering:** Dream Day Dressing Rooms
3. **Franchisor’s principal business address:** 2319 175th Lane NW
Andover, Minnesota 55304
4. **Name and address of Franchisor’s agent in this State authorized to receive service of process:** +
Minnesota Department of Commerce 85 7th Place East,
Suite 500 St. Paul, MN 55101-2198 (651) 539-1500
5. **The states in which this application is or will be shortly on file:**
Minnesota

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Attn: Megan L. Johnson
19171 160th Ave NE
Woodinville, WA 98072

Cell: (206) 953-8881
megan@chasingglasslaw.com

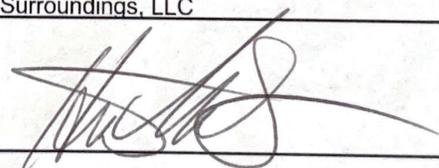
Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of May 16, 2024 attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Coon Rapids, Minnesota June 20th 24

Franchisor:

Suite Surroundings, LLC

By: 

Name: Heidi Mathson

Title: PRESIDENT