



**SAINT PAUL**  
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsl](http://www.stpaul.gov/dsl)

### 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. Wine On-sale 2000<sup>00</sup>

2. Malt On-sale (strong) 1059<sup>00</sup>

3. Liquor Outdoor Service Area (sidewalk) 37<sup>00</sup>

5. \_\_\_\_\_

6. \_\_\_\_\_

Total: 2696<sup>00</sup>

### Business Information

Business Address: 1609 N Victoria St ST Paul MN 55104  
Street City State Zip

Company Name: The Herbivorous Dragon LLC Doing Business As: Jscubys

Company Type: Corporation  Partnership  Sole Proprietorship

of Incorporation: \_\_\_\_\_ Date of Anticipated Opening: already open

Mailing Address: 1609 N Victoria St ST Paul MN 55104  
Street City State Zip

Business Phone #: (651) 222-2203 Email Address: crinn@jscubys.com

### Applicant Information

Applicant Name: Aubrey Marie Waldn  
First Middle Last

Title: CO-OWNER Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Supplemental Required Information**

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

Operator Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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: Erinn Irene Lee Mueller  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Officer Name: Kate Jeffrey Walsh  
Title: CO-owner Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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: \_\_\_\_\_ Title: CO-OWNER Date: 4/1/2023