



SAINT PAUL
SAFETY & INSPECTIONS

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

Class "N" License Application

Received

LICENSES ARE NOT TRANSFERRABLE

7/27/2023

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. On-Sale Liquor, 100 seats or less \$4,701
- 2. Liquor on-Sale Sunday \$200
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total: ~~\$4,701~~ 4,901

Business Information

Business Address: 560 7th St W St. Paul MN 55102
Street City State Zip

Company Name: Trapped Puzzle Rooms Inc. Doing Business As: The Lodge of Lazarus Crowe

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: _____ Date of Anticipated Opening: 05/18/2023

Mailing Address: 560 7th St W St. Paul MN 55102
Street City State Zip

Business Phone #: 612-483-6262 Email Address: info@trappedpuzzlerooms.com

Applicant Information

Applicant Name: Jameson Fassett-Carman
First Middle Last

Title: CEO Date of Birth: [REDACTED]

Drivers License: [REDACTED] Email: info@trappedpuzzlerooms.com
State License #

Home Address: 3039 33rd Ave S. Minneapolis MN 55406
Street City State Zip

Cell Phone #: 612-483-6262 Alternate Phone #: _____

Supplemental Required Information

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

Operator Name: Jameson Walter Fassett-Carman
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: [REDACTED] Phone #: 612-483-6262 Email Address: info@trappedpuzzlerooms.com

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: Karen Fassett-Carman
First Middle Last

Title: CFO Email: kfascar@gmail.com

Home Address: 3903 Xerxes Ave S. Minneapolis MN 55410
Street City State Zip

Date of Birth: [REDACTED] Phone #: 612-229-6493

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 SIGNATURE]

CEO 03/17/2023
Title Date