



SAINT PAUL
SAFETY & INSPECTIONS

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

CONTACT: SEAN RYAN

Received

JAN 31 2025

City of Saint Paul - DSI

Class "N" License Application 250000209

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.

Types of License(s) being applied for:

Fee(s):

1. MICRODISTILLERY COCKTAIL ROOM 712-
2. MICRODISTILLERY OFF-SALE 205
3. LIQUOR OUTDOOR SERVICE (PARTY) ENTERTAINMENT B 85
4. LIQUOR ON-SALE SUNDAY 200
5. _____
6. _____
7. _____

USE "THE IWELLS SPIRITS COMPANY LLC"

Total: \$ 1202.00

Business Information

Business Address: 704 MINNEAPOLIS AVE. E. ST. PAUL MN 55104
Street City State Zip

* Company Name: IWELLS SPIRITS COMPANY LLC Doing Business As: _____

Company Type: Corporation ☐ Partnership ☐ Sole Proprietorship ☒

Date of Incorporation: 1/30/2014 Date of Anticipated Opening: _____

Mailing Address: 704 MINNEAPOLIS AVE. E. ST. PAUL MN 55106
Street City State Zip

Business Phone #: 651-771-1875

Email Address: _____

Applicant Information

Applicant Name: REGINA MARIE CLAPP
First Middle Last

Title: OWNER / CEO

Date of Birth: _____

Drivers License: _____

Home Address: _____

Cell Phone: _____

Supplemental Required Information

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

Yes:



No:



Operator Name:

First

Middle

Last

Home Address:

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: SETH

DAVID

REID

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

Officer Name:

REGINA

MARIE

CLAPP

First

Middle

Last

Title:

CEO

Email:

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.

Title

Date