



CITY OF SAINT PAUL
 Department of Safety and Inspections
 375 Jackson Street, Suite 220
 Saint Paul, Minnesota 55101
 Phone: 651-266-8989
 Web: www.stpaul.gov/dsi

SEP 23 2022

City of Saint Paul - DSI

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
 This application is subject to review by the public.

Types of License(s) being applied for:

Fee(s):

- a. Liquor On-Sale – 181-290 seats \$5802.00
- b. Malt On-Sale (Brewery Taproom) \$649.00
- c. Brewery Off-Sale (Growler) \$187.00
- d. Liquor Outdoor Service Area (Patio) ~~\$78.00~~ 79.00
- e. Entertainment A \$253.00
- f. _____
- g. _____ 6970.00

Total: \$ 6969.00

Business Information

Business Address: 2463 W 7th ST St Paul MN 55116
Street City State Zip

Company Name: Wandering Leaf Brewing Company LLC Doing Business As: _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 2 / 14 / 2022 Anticipated Opening: 01 / 12 / 23

Mailing Address: _____
Street City State Zip

Business Phone: 320-309-7819 Fax Number: _____

Applicant Information

Applicant Name: Robert James Reisdorf
First Middle Last

Title: CEO Date of Birth: / /

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone: _____ Alternate Phone: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes: No:

If no, who will operate it?

Operator Name:

First Middle Last

Home Address:

Street City State Zip

Date of Birth: / /

Phone #: _____

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: _____

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

Officer Name: Matthew

Robert

Holton

First Middle Last

Title: CFO

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: _____

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.

CEO

9/22/22

Title

Date