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CITY OF SAINT PAUL DSI



**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
Ricardo X. Cervantes, Director  
375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101  
Phone: 651-266-8989  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/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. Malt On Sale (Brewery Taproom) 8623
- b. Entertainment A 236
- c. Malt Off Sale (Growler) 179
- d. \_\_\_\_\_ \_\_\_\_\_
- e. \_\_\_\_\_ \_\_\_\_\_
- f. \_\_\_\_\_ \_\_\_\_\_
- g. \_\_\_\_\_ 179

Total: \$ 859 -

#### Business Information

Business Address: 445 Smith Ave St. Paul MN 55102  
Street City State Zip

Company Name: Stone Saloon, SBC Doing Business As: Waldmann

Company Type: Corporation  Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date of Incorporation: 3 / 23 / 16 Anticipated Opening: 7 / 15 / 17

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

Business Phone: \_\_\_\_\_ Fax Number: n/a

#### Applicant Information

Applicant Name: Thomas Stefan Schroeder  
First Middle Last

Title: President/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: *na*

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: \_\_\_\_\_

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.

Applicant Signature

*Pro. / CEO*  
\_\_\_\_\_ Title

*11/26/16*  
\_\_\_\_\_ Date