



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

12.19.2023

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]
State License #

Email: info@trappedpuzzlerooms.com

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.

Applicant Signature

CEO

Title

03/17/2023

Date