



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

Class "N" License Application

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.
Print out and sign this form once complete.*

Types of License(s) being applied for:

Fee(s):

1. Wine On-sale 2000⁰⁰

2. MalT On-Sale (strong) 1059⁰⁰

3. Liquor Outdoor Service Area (sidewalk) 37⁰⁰

5. _____

6. _____

Total: 2696⁰⁰

Business Information

Business Address: 1609 N Victoria St ST Paul MN 55104
Street City State Zip

Company Name: The Herbivorous Dragon LLC Doing Business As: Jscubys

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

of Incorporation: _____ Date of Anticipated Opening: already open

Mailing Address: 1609 N Victoria St ST Paul MN 55104
Street City State Zip

Business Phone #: (651) 222-2203 Email Address: crinn@jscubys.com

Applicant Information

Applicant Name: Aubrey Marie Walden
First Middle Last

Title: CO-OWNER Date of Birth: _____

Drivers License: _____ Email: _____

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

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

Yes: ☒

No: ☐

Operator Name:

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: Erinn Irene Lee Mueller
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____
jellys.com

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

Officer Name: Kate Jeffrey Walen
First Middle Last

Title: Co-owner Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: 12-991-6203

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.

[Signature]
Applicant Signature

CO-OWNER
Title

4/1/2023
Date