Received



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 2 3 2022

Class "N" License Application

City of Saint Paul - DSI

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:									
a.	a. Liquor On-Sale – 181-290 seats							\$5802.00	
b.	Malt O	n-Sale (Brewery			\$649.00				
с.	Brewer	y Off-Sale (Grow		Management	\$187.00				
-	Liquor	Outdoor Service	70 11 11 11 11 11 11 11 11 11 11 11 11 11	79	0Û \$78.00				
e.	Entertainment A							\$253.00	
		4 100				THE POWER PROPERTY OF THE POWER PARTY.		Ψ233.00	
f. g					,	,		6970.00	
ъ. "						Total:	\$	6969:00	
Dusings Info		-	•						
Business Information Business Address:		2463 W 7th ST		St Paul		MN		55116	
Compan	•	Street Wandering Leaf Bre	wing Company	LLC	City	Stat	С	Zip	
					Doing Business As:				
	ny Type:	Corporation		Partnership	***************************************	Sole Proprietor	ship		
Date of Incorpo	oration:	2 / 14 ,	2022		Anticipated Opening:	01 / 12	/	23	
Mailing A	Address:	Street			City	Stat	e	Zip	
Busines	s Phone:	320-309-7819		-	Fax Number:				
Applicant Info	rmation								
Applican	nt Name:	Robert		James		Reisdorf			
	Title:	CEO		- ivildale	Date of Birth:	Last /	/		
Drivers L	icense:	State License #		Email:					
Home /	Address:							-	
Cel		Street	-	-	Alternate Phone:	State		Zip	

Supplemental Required	Information							
Are you going to operate t	this business perso	onally?	Yes:	No:				
If <u>no</u> , who will operate it?	<i>t</i>							
Operator Name:	First		Middle		Last			
Home Address:	riist		Minde		Fq2f			
C Divelo	Street	,		City		State	Zip	
Date of Birth:		/		Phone #:				
Are you going to have a m	nanager or assistar	nt in this business?	?	Yes:	No: _			
If manager is <u>not</u> the same	e as the operator,	, please complete t	the following informat	tion:				
Manager Name:	First		Middle		Last			
Home Address:			Fridage		Lasi			
n Cniush.	Street	,		City	*****	State	Zip	
Date of Birth:		/		Phone:			Patronia	
Please list all other of	eficare of the co			f annlicable.)				
	Matthann	poration (, teens	Robert	аррисамся				
Officer Name:	First		Middle		Holton Last			
Title:	CFO							
Home Address:								
	Street			City		State	Zip	
Date of Birth:			-	Phone:				
				response to the second				
Officer Name:		777.0	۱ ۹۲۰/سالم ۱ ۹۲۰/سالم					
Title:	First		Middle Email:		Last			
Home Address:	Street		***	City		State	Zip	
Date of Birth:		/		Phone:		State	rih	
			·					
Officer Name:								
	First		Middle		Last			
Title:	1		Email:					
Home Address:			-					
Date of Rirths	Street			City		State	Zip	
Date of Birth:			•	Phone:				
FALSIFICATION OF ANS	TWEEK CIVEN OR	NAATEDIAI SIIRI	AITTED MILL DEGILL	TIN DENIM OF	- ADDUCATION			
I hereby state that I have a and belief.	answered all of the	ક preceding questio	ons and that the inform	nation contained	I herein is true and	correct to the b	est of my knowled	
allu bener.								
	•							
	•		CEO			9/22/22		
4			Title	Title		Date		