



SAINT PAUL
SAFETY & INSPECTIONS

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

4. _____

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

Year 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: erin@jscubys.com

Applicant Information

Applicant Name: Aubrey Marie Waldn
First Middle Last

Title: CO-OWNER Date of Birth: _____

Applicant's License #: _____ Email: _____

Home Address: _____
Street City State Zip

Home 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: _____
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
Home Address: _____
Date of Birth: _____ Phone #: _____ Email Address: _____

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

Officer Name: Kate Jeffrey Walsh
Title: CO-owner Email: _____
Home Address: _____
Date of Birth: _____ Phone #: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
Date of Birth: _____ Phone #: _____

Officer Name: _____
Title: _____ Email: _____
Home Address: _____
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] _____ CO-owner _____ 4/1/2023
Applicant Signature Title Date