



**SAINT PAUL**  
SAFETY & INSPECTIONS

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.

*This application requires District Council notification prior to submission.*

Types of License(s) being applied for:

Fee(s):

- |    |                                    |         |
|----|------------------------------------|---------|
| 1. | Liquor On Sale - 100 seats or less | 5361.00 |
| 2. | Liquor On Sale - Sunday            | 200.00  |
| 3. | Liquor Outdoor Service Area        | 85.00   |
| 4. |                                    |         |
| 5. |                                    |         |
| 6. |                                    |         |
| 7. |                                    |         |

Total: **5,646.00**

### Business Information

Business Address: 525 Selby Ave. Saint Paul MN 55102  
Street City State Zip

Company Name: Aubergine Hospitality LLC Doing Business As: Restaurant Aubergine

Company Type: Corporation ☒ Partnership ☐ Sole Proprietorship ☐

Date of Incorporation: 03/08/2024 Date of Anticipated Opening: 11/15/2025

Mailing Address: 525 Selby Ave. Saint Paul MN 55102  
Street City State Zip

Business Phone #: \_\_\_\_\_ Email Address: megan@auberginehospitality.com

### Applicant Information

Applicant Name: Megan Jacobse  
First Middle Last

Title: Owner Date of Birth: [REDACTED]

Drivers License: [REDACTED] [REDACTED] Email: [REDACTED]  
State License #

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City State Zip

Cell Phone #: [REDACTED] 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 #: \_\_\_\_\_ 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: Bjorn Thomas Jacobse  
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: Megan Marie Jacobse  
First Middle Last  
Title: Member Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City State Zip  
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Officer Name: Bjorn Thomas Jacobse  
First Middle Last  
Title: Member 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.