



**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

Received

**LICENSES ARE NOT TRANSFERRABLE**

7/21/2023

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] Email: info@trappedpuzzlerooms.com  
State License #

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.

[REDACTED SIGNATURE]

CEO Title Date 03/17/2023