OR	IGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION	N	pplicant's WI Seller's	Permit No.: FEIN	Number:		
Subi	mit to municipal clerk.	-	LICENSE REQUESTED				
Fort	the license period beginning DECEMBER 11 20 15 ;		TYPI			Ε	
10.	ending JUNE 30 20 16	<u> -</u>	Class A beer		\$		
		<u> </u>	Class B beer		\$58.3	38	
	Town of		Class C wine		\$ e ·		
TOT	THE GOVERNING BODY of the: Village of LA CROSSE	_ [Class A liquo		19		
	✓ City of	<u> </u>	Class A liquo			/A	
Cou	inty of LA CROSSE Aldermanic Dist. No(if required by ordinanc		Class B liquo		\$291.	69	
-		, JF	Reserve Clas		\$		
1.	The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPA	NY F	Class B (wine		\$20.	<u> </u>	
	CORPORATION/NONPROFIT ORGANIZATION	-	Publication	1 166			
	hereby makes application for the alcohol beverage license(s) checked above.		TOTAL FEE		\$370).0'+	
2.	Name (individual/partners give last name, first, middle; corporations/limited liability companies give	ve reais	tered name):				
	THE VERSE LOUNGE AND GRILL LLC						
	An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this applie	cation	by each individu	al applicant, b	y each me	ember of a	
	partnership, and by each officer, director and agent of a corporation or nonprofit organization	tion, an	nd by each memb	erlmanager a	nd agent o	f a limited	
	liability company. List the name, title, and place of residence of each person.						
	Title Name President/Member MEMBER JULIE LYNN CONNELLY W	Home	Address 51 Panche	Post!	Office & Zij	p Code اسما سرم:	cvi3k
	Troductionous	, , , ;	57 Telefe	7(-00/1)	<i>\$7077</i>	,	, , 65 0
	Vice President/Member						
	Secretary/Member						
	Treasurer/Member	2751	PARCILER	<u> </u>	1/ 10.24	110011	,,
		<i>L </i>	1 THACIFCIZ	COURT	YOUNEN	W1 3 70)	<i>,</i> ,,
_	Directors/Managers						
3.	Trade Name THE VERSE LOUNGE AND GRILL Bus	siness P	hone Number _	A CROSSE V	N E4602		
4.	Address of Premises 717 ROSE ST Pos	st Office	& Zip Code 🕨 🕹	A CROSSE V	VI 346U3		
5.	Is individual, partners or agent of corporation/limited liability company subject to completion of the	ie respo	nsible beverage s	erver	_		
^	training course for this license period?					□ No	
6.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant					No No	
7.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or co					No	
0.	(a) Corporate/limited liability company applicants only: Insert state WI a						
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limit				.∟ Yes	No	
	(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company						
	agent hold any interest in any other alcohol beverage license or permit in Wisconsin?			• • • • • • • • • • • •	. Yes	☐ No	
^	(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6		•				
9.	Premises description: Describe building or buildings where alcohol beverages are to be sold and	stored.	. The applicant mu	ust include	.1 6	_	
	all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of may be sold and stored only on the premises described.) SALES & SERVICE: MAIN FLOOR	alconol	I beverages and re	SCORDS. (AICORD	i beverage	S	
10.	Legal description (omit if street address is given above):	<u> </u>	TO-STORT DIGI	DIN DOILDING			
	(a) Was this premises licensed for the sale of liquor or beer during the past license year?				. Yes	□ No	
•••	(b) If yes, under what name was license issued? JB ENTERPRISES OF LA CROSSE LLC	• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	. [163	☐ 140	
12.	Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.	5)					
	before beginning business? [phone 1-800-937-8864]			• • • • • • • • • • • • • • • • • • •	. Yes	☐ No	
13.	Does the applicant understand they must hold a Wisconsin Seller's Permit?						
	[phone (608) 266-2776]				. Yes	□ No	
14.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin v	wholesa	alers, breweries a	nd brewpubs?.	. Yes	☐ No	
edge	of the signers. Signers agree to operate this business according to law and that the rights and responsible	ilities co	nferred by the licen	se(s), if granted	, will not be	assigned to	
anoth	D CAREFULLY BEFORE SIGNING: Under penalty provided what the applicant states that each of the able of the signers. Signers agree to operate this business according to laterand that the rights and responsibilities (Individual applicants and each member of aparthers) in explicant dust sign; corporate officer(s), members to appropriate the signer of the	bers/man	agers of Limited Lia	bility Companie	s must sign.]	Any lack of	
acce	as to any portion of a incensed premises during ingrecipon will be deemed a remain to permit inspection. Such	n refusal i	is a misdemeanor a	nd grounds for re	evocation of	this license.	
SUB	SSCRIBED AND SWORN TO BEFORE BE JAY A.		Ω_{α}	()0	1		
this	- THE STATE OF THE	W5	$\cdot (CM)$	while	<u></u>		
/	(Officer of Corpo	ration/Mt	ember/Manager of Li	mited Liability Co	fipany/Partne	ar/Individual)	
\geq	(Clerk/Notery Publish) (Officer of C	Corporatio	on/Momber/Manager	of Limited Liabilit	v Company/F	Partnaci	
My	Commission expires 3 / Charles OF WISC (Officer of Commission expires (Additional Additional Additi	_ vr prov ere/ (working Flankl	, острану/г		
	(Additional	i Partner	(s)/Momber/Manager	of Limited Liabilit	y Company i	f Any)	
TO E	BE COMPLETED BY CLERK				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	received and filed Date reported to council/board Date provisional license issued	Sig	nature of Clerk / Depu	ty Clerk			
	municipal clerk ///19/15 //////////////////////////////						
1500	Date license issued License number issued	- 1					

Wisconsin Department of Rovenue

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORHEDULE FOR APPOINTMENT OF LIMITED LIABILITY COMPANY

Submit to municipal clerk.

(town chair, village president, police chief)	(signature of proper local official)	(a (e)ep)
Title (town chair, village president, police chief)		Approved on //-// by
Sdeul appointed.	and of notice and objection to the	the character, record and reputation are satis
st of my knowledge, with the available information	and state criminal records. To the bes	I hereby certify that I have checked municipa
	rk cannot sign on behalt of Municips	
UI HUKIT 1 1 Official)	AVO) Square term of the state of Municipal	799A 1912)
AIIdOHAH		
0.707	equess of egent)	e owou)
, Abid to easo 3 () () ()	(2 [W = 200] +	(signature or event)
Agent's age	-C1-11	(signature of agent)
51-	(1-//	The world
ty company.	s corporation/organization/limited liabili	beverages conducted on the premises for the
or the conduct of all business relative to alcohol	pany and assume full responsibility for	corporation/organization/limited liability com
		eSe ed/t/tund)
, hereby accept this appointment as agent for the		Tett convelly
	АССЕРТАИСЕ ВУ АСЕИТ	71.00
ember/Manager)	Misonito of Officer/M	:5107
	0	∬ :bnA
ember/Manager)	Mineorito to electronicis)	BV JULEPY
4 6	Jayround)	
Mimited liability company)	126 Louis de gray GR.	147 Jes
95915 TM 724	INCREST DRIVE HOLL	Place of residence last year
16/20		dda ann Sumann ar roud francischini Suar Mari
continuously in Wisconsin?	bebisen the applicant agent resided	How long inmediately prior to making this app
ourse? 🗌 Yes 🔀 No	responsible beverage server training or	ls applicant agent subject to completion of the
	Sille 5+52+ 5, 1000	Demes LLC 2/1/2 Denes
(ee) sug ununchsuk/(ee):	orate name(s)/limited liability company(✓ Yes
• • •		
specify or requesting approval for any corporation/ e for any other location in Wisconsin?	sneam in gimes tuneseriq mega insolic r applying for a beet and/or liquot in	to siconoi beversges conducted trierent. Is spotagaization/limited lisbility company having or
voitsing the forms series and of all business telative of the corporation.	iability company with full authority and o	to act for the corporation/organization/limited I
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	Se Low-re Garl Crill	11 09/
Devetage ittense for a premises known as	mpany making application for an alcoho	a corporation/organization or limited liability co
6 of completion/organization or limited liability company)	mbers/managers of All Managers of managers	The undersigned duly authorized officer(s)/me
	The state of the s	
_		CIP CIP
County of (& C A o S S &	255021237	To the governing body of:
~ J - ~ J	•	local official.
y and the recommendation made by the proper	nanagers or a mmiled hability compan	of the corporation/organization or members/i
The same and the same of a same and a same a sa	THACK ALL VO DATEWARE OF ISHM SUCHS	atin paiwollot ad Litable as taigage tauce sourcit
(e) termented malt beverages and/or intoxicating termented by the officer(s)	y companies applying for a license to s	All corporations/organizations or limited liabilit
The state of the s		

Original:	X
	•

Renewal:

License Fee: \$100 00

Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: THE VERSE LOUNGE AND GRILL LLC
Address of above: 717 ROSE ST, LA CROSSE WI 54603
Trade name of business: THE VERSE LOUNGE AND GRILL
Address of premises to be licensed: 717 ROSE ST, LA CROSSE WI 54603
Business phone number:
Detailed description of cabaret area to be licensed: MAIN FLOOR OF TWO-STORY BRICK BUILDING.
Premises are owned by: DEWEY'S SAINT PAUL STREET PROPERTIES LLC
Address of owner: 607 HILLCREST DR, HOLMEN WI 54636
Name of Cabaret Manager (FIRST, MIDDLE & LAST): JULIE LYNN CONNELLY
Home address of Cabaret Manager:
Home phone number of Cabaret Manager: 608-386-1431
Daytime phone number of Cabaret Manager: 608-386-1431
Date of Birth of Cabaret Manager:
Was the above person listed as manager on last year's application? Yes No X
Other business to be conducted upon the premises: TAVERN
Nature of entertainment: KARAOKE, LIVE BANDS, DJ
License Period: DECEMBER 11, 2015 TO JUNE 30, 2015
The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse. (Signature of applicant & date)
OFFICE USE ONLY: Munis Customer #:
For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y/N If yes, attach a list of those lands.
Signature and date MASUED II DO IS
Granted: License #:



TERI LEHRKE, WCPC, City Clerk

400 LA CROSSE STREET LA CROSSE, WISCONSIN 54601 PHONE (608) 789-7510 FAX (608) 789-7552

www.cityoflacrosse.org

NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE IN THE CITY OF LA CROSSE

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for an **Indoor Cabaret** license under Sec. 10-140(c) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

The Verse Lounge and Grill LLC d/b/a The Verse Lounge and Grill at 717 Rose St., La Crosse, WI 54603

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, December 1st, 2015 at 7:30 p.m. Common Council Meeting – Thursday, December 10th, 2015 at 7:30 p.m.

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 20th day of November, 2015.

Teri Lehrke, WCPC, City Clerk

Deri Lehrhe

City of La Crosse

Jay A. Christianson

License & Election Clerk III

Owner Name
KISH & KISH LLP
JEFFREY D, KARLA M FENNIE
SALVATION ARMY
CENTURYTEL OF WISCONSIN LLC
GARVES PROPERTIES LLC
JOHN T BRENNAN
J & S OF LACROSSE LLC
JOHN R, SHIRLEY J FRIED
J SQUARED PROPERTIES LLC
ST ELIAS ORTHODOX CHURCH
DEWEY'S SIDE STREET SALOON

Billing Address
1128 OAK AVE N
1802 KING ST
223 8TH ST N
2615 EAST AVE S
3042 YOUNGDALE AVE
32 CRESCENT AVE
3334 BAYSIDE CT
723 ROSE ST
901 ROSE ST
PO BOX 3176
621 SAINT PAUL ST

Billing City/State/Zip
ONALASKA WI 54650
LA CROSSE WI 54601
LA CROSSE WI 54601-3359
LA CROSSE WI 54601
LA CROSSE WI 54603
LA CRESCENT MN 55947
LA CROSSE WI 54601-7281
LA CROSSE WI 54603-2641
LA CROSSE WI 54603
LA CROSSE WI 54603
LA CROSSE WI 54603

MAILING 11/20/15