

City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

BUSINESS INFORMATION*	•		
egal/Real Name:			
Cafe LAX LLC			Application of the second
ddress of Above: Street	City	State	Zip Code
444 Mainst Ste 103	La Cros	se wi	54601
REMISES INFORMATION	<u> </u>	SE 001	34001
rade Name of Business:			
410) 21/			
ddress of premises to be Licensed:	,	Business Phone Nu	ımber:
144 Main St, Suite 103, La Crosse, WI remises are Owned By:	54601		
1 + B of La Crosse, LL C	. City	State	Zip Code
444 Main St Ste 203	Lacrosse	WI	54601
ABARET INFORMATION			
etailed description of cabaret area to be licensed:			
ature of Entertainment: Acoustic Mark, Poetry reads	1 1 2		
7108 499 Mun St. S	101de 105		100
ature of Entertainment: Acoustic Moste Legan acoustic	MUS FLOUR CHANGIA.	emant	
7,00.11	Jay cookii comband	yır syr.	
ther Business Conducted upon the premises:			
Cafe			
MANAGER INFORMATION*			
	ddle Montriss	Last HindS	
Jedite.			
abaret Manager Home Address: Street 203 16th 5t 5 , Apt	305 City La (Cross State	W \ Zip Code
	The state of the s		5460
ome Phone Number of Cabaret Manager:	Daytime Phone Number o	f Cabaret Manager:	9-100
(507)779-5808	(507)779-	3808	
/as the above person listed as manager on last year's application? □ Yes □ No			
N/A			
Personal Data Sheet must be completed for each Offic	er/Member of the Busin	ness and the Mana	.ger.
he above hereby makes application for a license to operate			n the City of
a Crosse pursuant to provisions of Sec. 10-100 of the Code	of Ordinances for the Cit	ry of La Crosse.	
/ const	2)	06/	2412022
Signature of Appli	cant	Date	2112020
Signature of Appli	Call	Date	
FFICE USE ONLY			
or original application: Are there lands zoned conservancy, residenti		100 feet of premises?	
□ Yes (if yes, attach a list of those lands) □	No		
ignature: Date:	Granted	: [1	_icense #: