RENEWAL ALCOHOL BEVERAGE RETAIL APPLICATION

For the license period: July 1, 2017 to June 30, 2018 Applicant Wisconsin Seller's Permit: 456-1026523323-03 Federal Employee Identification Number (FEIN): 42-1587458

CHECK ONE [ ] Individual [ ] PARTNERSHIP [ X ] LIMITED LIABILITY COMPANY [ ] CORPORATION/NONPROFIT ORGANIZATION

Complete A or B. All Must Complete C. <u>A. Individual or Partnership</u> Full Name(s): Last, First, and Middle

Home Address

Fee Type of I icense [] Class A Beer \$ \$ 100 [X] Class B Beer [] Class C Wine S S [ ] Class A liquor \$ 500 [X] Class B liquor [] Class B (wine only) winery S \$20 Publication Fee \$ 620 **Total Fee** 

Post office & ZIP Code

## B. Corporation/Nonprofit Organization/Limited Liability Company (Full Name): ► FENIGOR GROUP LLC (THE)

Address of Corporation/Limited Liability Company (if different from licensed premises): > 1501 SAINT ANDREW ST, SUITE B103

All Officer(s), Director(s) and Agent of Corporation or Members/Managers and Agent of Limited Liability Company:

	All Onicer(a), Director(a) and Agent of Corporation of		•••		
F V S T A	Title Name President/Member: JUSTIN T HASS W6611 HIDD Vice President/Member: CARMEN MICHELLE HASS Secretary/Member: GOODWIN DORANCE HASS JR Freasurer/Member: PATRICIA GALE HASS -2039 ( Agent: CARMEN MICHELLE HASS W5229 BOMA Directors/Managers: NONE	W5229 BOMA RD LA CROSSE, <del>2039 SE 15TH ST CAPE CORAL</del> <del>SE 15TH ST CAPE CORAL, FL 330</del> RD LA CROSSE, WI 54601	WI 54601 <del>L.FL 33990-</del> &4339 STATE <del>90</del> W4339 STATE RD 33.0	RD 33, Laczonie WE 29 czonie we 54601	SH60i
С.	1. Trade Name: > BOOT HILL PUB		Phone Number: (608) 782-5226		
2.	Address of Premises: ► 1501 SAINT ANDREW ST,		e & ZIP Code: ► LA CROSSE, WI		YES [ ]NO
3.	Does the applicant understand that they must purcha	ase alcohol beverages only from Wit	sconsin wholesalers, breweries and	brewpubs?	PITES   INO
4.	Premises description: Describe building or buildings living quarters, if used, for the sales, service, and/or premises described.) Description of Sales/Service Description of Storage Area: 36 x 21 foot area adj Description of Beer Garden (If Applicable):	where alcohol beverages are to be storage of alcohol beverages and re Area: First floor of building consisting acent to bar and behind bar.	sold and stored. The applicant must ecords. (Alcohol beverages may be ing of bar and adjacent dining room,	sold and stored only on the courtyard and banquet hall.	
	(a) Since filing of the last application, has the named director, manager or agent for either a limited liabilit licensee been convicted of any offenses (excluding laws, any Wisconsin laws, any laws of other states,	raffic offenses not related to alcoho or ordinances of any county or mun	b) for violation of any federal hicipality? If yes, complete reverse		] YES [/] NO
	(b) Are charges for any offenses presently pending ( licensee or any other persons affiliated with this lice	excluding traffic offenses not related ense? If yes, explain fully on rever	to alcohol) against the named se side.		I YES INO
	Except for questions 5a and 5b, have there been an last application for this license? If yes, explain.				YES [ ]NO
	Was the profit or loss from the sale of alcohol bever Franchise Tax return of the licensee? If not, expl	ain			YES   NO
3	<ul> <li>Does the applicant understand a Wisconsin Seller under Section A or B above? [phone (608) 266-27</li> </ul>	's Permit must be applied for and is	ssued in the same name as that sh	nwo	VYES   ]NO
Э	. Does the applicant understand that alcohol beverage date of invoice and made available for inspection b	e invoices must be kept at the licen y law enforcement?	sed premises for 2 years from the		
1	On the population of the debted to any wholesaler beyond	1 15 days for beer or 30 days for liqu	uor?		[ ]YES [ V NO
	READ CAREFULLY BEFORE SIGNING: Under penalty, I signers. Signers agree to operate this business according and each member of a partnership applicant must sign equ SUBSCRIBED AND SWORN TO BEFORE ME	biouded by law, the applicant states that to taw and that the rights and responsibil sident and secretary), mambers/manage JAY A.	at each of the above questions has beer littles conferred by the license(s), if grant	sign.) And T.	Hm_
	this 2nd day of Think 202	$\sim$ $152101$	encen ry 1	NULT	

Inis Child day of the contract	/ company/Padper
	(Sec/etary of Corporation/Member, or Manager of Limited Liability Company/Partner)
Chattel Water Dubling	May Min I Fray I
(Clerk/Notary Public)	(Additional Partner(s)/Members or Manager of Limited Liability Company if Any)
3-13.20.20	(Additional Partner(s)/Members of Manager of Linned Clabins, Company weary
My commission expires:	

			Signature of Clerk / Deputy Clerk
Date received and filed with Municipal Clerk	Date reported to council/board	License number issued	Signature of Sience Depety Clean
Date received that meet that the set			
6/2/17			
	Date license issued		
Date license granted			