18-0893

RENEWAL ALCOHOL BEVERAGE RETAIL APPLICATION

For the license period: July 1, 2018 to June 30, 2019
Applicant Wisconsin Seller's Permit: 456-1027391454-04
Federal Employee Identification Number (FEIN): 46-1604743

Type of License	Fee
[ ] Class A Beer	$
[X] Class B Beer	$ 100
[X] Class C Wine	$ 100
[ ] Class A liquor	$
[ ] Class B liquor	$
[ ] Class B (wine only) winery	$
Publication Fee	$ 40
Total Fee	$ 240

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

Complete A or B. All Must Complete C.

A. Individual or Partnership

Full Name(s): Last, First, and Middle | Home Address | Post office & ZIP Code

B. Corporation/Nonprofit Organization/Limited Liability Company (Full Name): ▶ TRICOR LA CROSSE LLC

Address of Corporation/Limited Liability Company (If different from licensed premises): ▶ 3800 STATE ROAD 16, SUITE 148

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

Title	Name	Home Address	Post Office & ZIP Code
President/Member:	MATTHEW STEVEN CORY	1888 SUMMIT DR NE	ROCHESTER, MN 55906
Vice President/Member:	ALICIA LYNN CORY	1888 SUMMIT DR NE	ROCHESTER, MN 55906
Secretary/Member:	GAYLEN DALE MILLER	9404 WEST 27TH ST	CEDAR FALLS, IA 50613
Treasurer/Member:	GLENNA R MILLER	9404 WEST 27TH ST	CEDAR FALLS, IA 50613
Agent:	JOSHUA LUKE POST	2804 MAIN ST	LA CROSSE, WI 54601
Directors/Managers:	NONE		

RECEIVED MAY 04 2018 CLERK'S OFFICE

C. 1. Trade Name: ▶ HUHOT MONGOLIAN GRILL   Business Phone Number: (608) 781-2636

2. Address of Premises: ▶ 3800 STATE ROAD 16, SUITE 148   Post Office & ZIP Code: ▶ LA CROSSE, WI

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] YES [ ] NO

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) **Description of Sales/Service Area:** Dining room.
Description of Storage Area: Storage in kitchen.
Description of Beer Garden (If Applicable):

5. (a) Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side.** [ ] YES [X] NO

(b) Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side.** [ ] YES [X] NO

6. Except for questions 5a and 5b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ________ [ ] YES [X] NO

7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ________ [X] YES [ ] NO

8. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] [X] YES [ ] NO

9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [X] YES [ ] NO

10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] YES [X] NO

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; president and secretary, members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 9 day of April, 20 18

Barb Barber
(Clerk/Notary Public)

My commission expires: 9-5-2020

[signature] owner / Mgr.
(President/Corporation/Member or Manager of Limited Liability Company/Partner/Individual)

[signature] owner
(Secretary of Corporation/Member or Manager of Limited Liability Company/Partner)

[signature] owner 4-30-2018
(Additional Partner(s)/Members or Manager of Limited Liability Company if Any)

BARB BARBER Commission No. ... Iowa My Commission Expires ... NOTARIAL SEAL

Date received and filed with Municipal Clerk	Date reported to council/board	License number issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued		

HOLLY MARIE GRONHOLZ
NOTARY PUBLIC MINNESOTA
My Comm. Expires Jan. 31, 2023

NOTARIAL SEAL IOWA
KIM HEILSKOV
Commission Number 740835
My Commission Expires
May 22, 2018

Holly M G[signature] 4/30/18