

18-0919

Original: _

License Fee: \$135.00

Renewal: ☒

Invoice #: 818215

APPLICATION FOR *INDOOR* CABARET LICENSE

Legal/Real Name: KATCHEVER & CO LLC

Address of above: 1401 SAINT ANDREW ST LA CROSSE, WI 54603

Trade name of business: PEARL STREET BREWERY

Address of premises to be licensed: 1401 SAINT ANDREW ST LA CROSSE, WI 54603

Wisconsin Seller's Permit #: 456-0000230949-02

Business phone number: (608) 784-4832

Detailed description of cabaret area to be licensed:
8' x 10' stage in the south most wall in tasting room.

Please add 12x16
Northmost wall in Tasting Room

Premises are owned by: KATCHEVER & CO LLC

Address of owner: 1401 SAINT ANDREW ST, LA CROSSE WI 54603

Name of Cabaret Manager: TAMI MEE YONG PLOURDE
(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: W5985 COUNTY ROAD OS, ONALASKA WI 54650

Home/Daytime phone number of Cabaret Manager: (608) 784-7832 or (608) 385-2505

Date of Birth of Cabaret Manager:

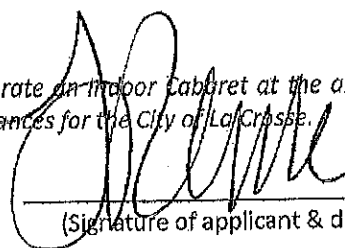
Was the above person listed as manager on last year's application? Yes ☒ No _

Other business to be conducted upon the premises: WHOLESALE BEER PRODUCTION

Nature of entertainment: LIVE MUSIC

License Period: July 1, 2018 to June 30, 2019

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

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 & date

Granted:

Muni's Customer # 3418

License #

Original: _

License Fee: \$135.00

Renewal: X

Invoice #: 13556402

APPLICATION FOR *INDOOR* CABARET LICENSE

Legal/Real Name: TURTLE STACK BREWERY LLC

Address of above: 125 2ND ST S LA CROSSE, WI 54601

Trade name of business: TURTLE STACK BREWERY

Address of premises to be licensed: 125 2ND ST S LA CROSSE, WI 54601

Wisconsin Seller's Permit #:

Business phone number: 608-519-2284

Detailed description of cabaret area to be licensed:

Brewery tasting room seats approximately 50 people. / Performances would require minimal movement of tables and chairs.

Premises are owned by: A&L McCORMICK LLC

Address of owner: PO BOX 135, LA CRESCENT MN 55947

Name of Cabaret Manager: BRENT ALAN MARTINSON
(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: 503 9TH ST S, LA CROSSE WI 54601

Home/Daytime phone number of Cabaret Manager: 608-397-6816

Date of Birth of Cabaret Manager: _____

Was the above person listed as manager on last year's application? Yes X No _

Other business to be conducted upon the premises: Retail sales of Turtle Stack Beer and Merchandise.

Nature of entertainment: 1-2 Person acoustic performances.

License Period: July 1, 2018 to June 30, 2019

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

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 these lands.

Signature & date

Granted:

Munis Customer #: 150043

License #

Original: _

License Fee: \$135.00

18-0919

Renewal: ☒

Invoice #: _____

APPLICATION FOR *INDOOR* CABARET LICENSE

Legal/Real Name: WAREHOUSE ALLIANCE INC

Address of above: PO BOX 2044 LA CROSSE, WI 54602-2044

Trade name of business: WAREHOUSE

Address of premises to be licensed: 328 PEARL ST LA CROSSE, WI 54601

Wisconsin Seller's Permit #: 456-1028810047-02

Business phone number: (608) 784-1422

Detailed description of cabaret area to be licensed:

Large room with dance floor on third floor of brick building in downtown.

Premises are owned by: WH PROPERTIES/STEPHEN HARM

Address of owner: PO BOX 2044, LA CROSSE WI 54602-2044

Name of Cabaret Manager: STEPHEN DOUGLAS HARM

(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: 806 STARLITE DR, HOLMEN WI 54636

Home/Daytime phone number of Cabaret Manager: (608) 526-2070 or (608) 386-3404

Date of Birth of Cabaret Manager:

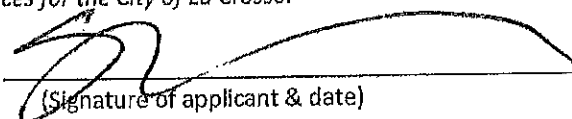
Was the above person listed as manager on last year's application? Yes ☒ No ☐

Other business to be conducted upon the premises: CLOTHING STORE

Nature of entertainment: LIVE MUSIC

License Period: July 1, 2018 to June 30, 2019

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.

 7/17/18
(Signature of applicant & date)

OFFICE USE ONLY

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y/N ☐
yes, attach a list of those lands.

Signature & date _____

Granted: _____

Munis Customer #4000

License# _____

18-0919

[] NEW

☒ RENEWAL

Fee: \$375.00

Invoice No. 2001101

CITY OF LA CROSSE
APPLICATION FOR
PAWNBROKER, SECONDHAND DEALER OR
MALL/FLEA MARKET

~~Ch 10, Article XVI~~

For the license period beginning JULY 1st, 2018
ending JUNE 30th, 2019

To the Honorable Mayor, Common Council, City Clerk and Chief of Police of the City of La Crosse:

The undersigned hereby makes application for:

☐ Pawnbroker

☐ Secondhand
Article

☒ Secondhand
Jewelry, Precious Metals & Gems

☒ Mall/
Flea Market

BUSINESS NAME <i>(Real/Legal Name of Applicant)</i>	ANTIQUE CENTER OF LA CROSSE LTD
BUSINESS ADDRESS	110 3 RD ST S, LA CROSSE WI 54601
BUSINESS TELEPHONE	608-782-6533
TRADE NAME	ANTIQUE CENTER OF LA CROSSE LTD

**Any individual, partner, member of a limited liability company or officer, director or agent of any corporate applicant and manager/person in charge shall be listed on the attached Personal Data Sheet.*

WISCONSIN SELLER PERMIT <i>(Must be issued in name of business)</i>	456-0000581155-03
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PREMISE ADDRESS <i>(Where business is being conducted)</i>	110 3 RD ST S LA CROSSE WI 54601
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	CARL & NARCELLE SCHNEIDER 108 4 TH ST EUREKA CA 95501
TERMS OF LEASE, if applicable	

**A separate license shall be obtained for each individual premise from which the business is operated.*

ADDRESS OF ANY OFF-SITE STORAGE FACILITY	NONE
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	
TERMS OF LEASE, if applicable	

If licensed in another Wisconsin Municipality:

Issuing Municipality	NONE
License Period	

**If the principal place of business is within the City, a license is required.*

X ATTACH **BOND** in the amount of \$2,500 with not less than 2 sureties, conditioned upon faithful performance and the observance of the ordinances of the City and such state laws relating to pawnbrokers and secondhand dealers. The bond must be in full force and effect at all times during the term of the license.

X ATTACH photocopy of any **LEASE** for property/building in which business is being conducted or for any off-site storage facility. Lease must extend for more than six (6) months.

NA ATTACH photocopy of **LICENSE** if licensed in another municipality within the State of Wisconsin. A secondhand dealer that is exempt from obtaining a license will be allowed to operate within the City of La Crosse for a period not to exceed the license period of the issuing municipality. *If the principal place of business is within the City of La Crosse, a license is required.

X ATTACH photocopy of **WISCONSIN SELLER PERMIT**. Permit must be current and valid and issued in the same legal/real name of Applicant or Business.

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that I will comply with the provisions of law pertaining to this license (Ch. 10, Article XVII of the La Crosse Municipal Code) and agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

SIGNATURE OF
APPLICANT

Eric M. Elmer

DATE

5/25/18

APPROVAL OF MUNICIPAL AUTHORITY

Upon investigation of statements made on application and municipal and state criminal records, license is hereby:

☐ APPROVED ☐ DENIED

Signature of Police Department Representative

Date

The issuance of a Pawnbroker, Secondhand Dealer or Mall/Flea Market License is conditional at all times. The license may be revoked or suspended when deemed to be in the best interest of the City or for fraud, misrepresentation or false statements contained in the application for a license. In addition, a license may be suspended or revoked due to the conduct of any licensee, their employee or agent or determines that the licensee has violated a State Statute or City Ordinance.

TO BE COMPLETED BY CLERK

Date filed with municipal clerk	Date reported to Council	Date license granted	License number issued: Pawnbroker: # _____ Secondhand Article Dealer: # _____ Secondhand Jewelry, Precious Metals & Gems: # _____ Mall/Flea Market: # _____ Customer # 4032
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