Submit to municipal clark Feb Casa New Submit to municipal clark Common Duff 20 19 Submit to municipal clark Submit to munic	Original Alcohol Be	verage Retail Lice	nse Application	Applicant's WI Seller's Permit No.: FEIN 8.3	Number: -2650869
FEE Class A Beer S Class A B	Submit to municipal clerk.	Ā			
O'THE GOVERNING BODY of the: Town of Town of City	For the license period beginning	De romber 14	20 18 ;	TYPE	FEE
TO THE GOVERNING BODY of the: Village of City of County of I_A CROSSE	endin	June 30	20 19		
County of I_A_CROSSE					
Class Allquor (cider only) S					
County of JA CROSSE	TO THE GOVERNING BODY of		ROSSE		
County of Ja CROSSE Aldermanic Dist. No. (if required by ordinance) Reserve Class B liquor S Class B (valne only) where y S		☑ City of 🦸			
1. The named Individual Partnership Limited Liability Company Class B (wine only) when y S	County of T.A. CROSSE	Aldermanic Dist. No.	(if required by ordinance)		
1. The named	outing of <u>Dr. Crobbb</u>				
Congression / Nonprofit Organization TOTAL FEE 5	1. The named Individual	☐ Partnership ☑	Limited Liability Company		
Name (Individualpartners) give last name, first, midle, copporations/finited fability companies give registered name): TRACK II. LLC An "Auxiliary Questionarie", Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by seach officer, director and agent of a corporation or nonprofit organization, and by each member manager and agent of a limited liability company. List the name, litit, and place of residence of each person. Title President/Member MANGGINS MEMBER DOLEZEL, STEVEN J. 3220 EMERALD VALLEY DR. ONALASKA 54650 Voo President/Member Tressurer/Member Tressurer/Mem	☐ Corporation	Nonprofit Organization			
TRACK II. LLC An "Auxillary Questionnate", Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member and agent of a limited liability company. List the name, list), and place of residence of each person. Title Name (Last, First, M.I.) Home Address Post Office & ZIP Code New President/Member Treasurem/Regiber Agent > TRACK II A. Address of Premises > 71.5 GILLETTE STREET LA CROSSE WI Post Office & ZIP Code > 54.603 S. Irrade Name > TRACK II A. Address of Premises > 71.5 GILLETTE STREET LA CROSSE WI Post Office & ZIP Code > 54.603 S. Is individual, partners or agent of corporation/finited liability company subject to completion of the responsible beverage server training course for this license period? Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? (c) Does the corporation/mimited liability company a subsidiery of any other corporation or limited liability company? (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (d) Test of a polician corporation/mimited liability company as subsidiery of large with other company? (e) Does the corporation, or any officer, director, stockholder or agent or limited liability company? (f) Is applicant corporation/mimited liability company as subsidiery of large with other company? (g) No (NOTE: All applicants explain fully on reverse side of link form every VS2 answer in sections 5, 6, 7 and 8 above.) Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all norms including living quarters, if use					<u> </u>
partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the names, lile, and place of residence of each person. Title Name (Last, First, M.I.) Home Address Post Office & Zip Code Nice President/Member MANGAGING MEMBER DOLEZEL, STEVEN J. 3220 EMERALD VALLEY DR. CNALASKA 54650 Vice President/Member Agent >	TRACK II, LLC				
Italia President/Member Mana (Last, Frist, M.I.) Home Address Post Office & Zip Code President/Member Mana (Last, Frist, M.I.) 3220 EMERALD VALLEY DR. ONALASKA 54650 Vice President/Member Secretary/Member Treasurer/Member Treasurer/Me	An "Auxiliary Questionnaire,"	Form AT-103, must be completed	d and attached to this application	on by each individual applicant, b	y each member of a
President/Member MANGAGING MEMBER DOLEZEL, STEVEN J. 3220 EMERALD VALLEY DR. CNALASKA 54650 Vice President/Member Secretary/Member Treasurer/Member Agent Steven	partnership, and by each office	er, director and agent of a corpor	ration or nonprofit organization,	and by each member/manager a	nd agent of a limited
President/Member MANGAGING MEMBER DOLEZEL, STEVEN J. 3220 EMERALD VALLEY DR. ONALASKA 54650 Vice President/Member Tressurer/Member Tressurer/M		te, title, and place of residence of e	acn person.	me Address Post	Office & Zip Code
Vice President/Member Treasurer/Member Treas	President/Member MANGAG	ING MEMBER DOLEZEL.	STEVEN J. 3220 EN		
Secretary/Member Treasurer/Member Treasurer/Member Agent Secretary/Member Agent Agen					
Treasurer/Member Agent					
Agent ▶ SHEVEN J. DOLEGEL (GRE ANDVE) Directors/Managers 3. Trade Name ↑ TRACK II Business Phone Number 608-782-4988 4. Address of Premises ▶ 716 GILLETTE STREET I.A CROSSE WI Post Office & Zip Code ▶ 54603 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training occurs for this Idense period? 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? 8. (a) Corporatel/limited liability company a subsidiary of any other corporation or limited liability company? 8. (a) Corporatel/limited liability company a subsidiary of any other corporation or limited liability company? 9. Yes 10. (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 10. Yes 10. No (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company. 11. (a) Was this premises escription: Describe building or having a subsidiary of any other corporation or limited liability company? 12. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) EMPLINES FET FLOOR OF THE BUILDING ON THE PREMISES 10. Legist-description (cruit in stored address to given abova): NEA SHED SELECT (£ 578-49.2. 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? 12. Does the applicant understand they must held a Wisconsin Seller's Permit? 13. Does the applicant understand they must held a Wisconsin Seller's Permit? 14. Does the applicant understand they must held a Wisconsin Seller's	Treasurer/Member				
3. Trade Name \$\frac{TRACK II}\$ Address of Premises \$\frac{7.16}{2.60}\$ Sindividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Sindividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Sindividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Sindividual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes	Agent & Steven	J. DOLEZEL (Ge.	(Above)		
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5. Is individual, partners or agent of corporation/filmited liability company subject to completion of the responsible beverage server training course for this license period? Yes		GILLETTE STREET LA			
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7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?.	6. Is the applicant an employe or a	agent of, or acting on behalf of anyo			
8. (a) Corporate/limited liability company applicants only: Insert state WT and date 11/28/19 of registration. (b) is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?	7 Does any other alcohol beverag	ne retail licensee or wholesale perm	ittee have any interest in or contro	of this business?	. ☐ Yes ☑ No
(b) Is applicant corporation, or any officer, director, stockholder or agent or limited liability company. Yes No (c) Does the corporation, or any officer, director, stockholder or agent hold any interest in any officer, director, stockholder or agent hold any interest in any other alcohol beverage ficense or permit in Wisconsin? Yes No (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) 9. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ENTIRE 1ST FLOOR OF THE BUILDING ON THE PREMISES 10. Legel-description (ornit if street address is given above): NA SALES SELECT (SELECT SELECT) Yes No (b) If yes, under what name was license issued? GEARY INVESTMENTS, LLC D/B/A TRACK II 12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. Yes No (b) If yes, under what name was license issued? GEARY INVESTMENTS, LLC D/B/A TRACK II 12. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	8. (a) Corporate/limited liability	company applicants only: Inser	t state WI and c	late $\frac{11/28/18}{}$ of registration.	
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agent hold any interest in any other alcohol beverage license or permit in Wisconsins .	(c) Does the corporation, or an	y officer, director, stockholder or ag	ent or limited liability company, or	any member/manager or	
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may be sold and stored only on the premises described.) ENTIRE 1ST FLOOR OF THE BUILDING ON THE PREMISES 10. tegel-description (until if street address is given above). N/A S/LE/SELVIC/\$ 572-492 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?	all rooms including living quarte	ers, if used, for the sales, service, co	onsumption, and/or storage of alco	shal beverages and records. (Alcoho	ol beverages
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[phone (608) 266-2776]	Tobacco Tax and Trade Bureau	(TTB) by filing (TTB form 5630.5d)	before beginning business? [pho	al government, Alcohol and ne 1-877-882-3277]	. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ✓ Yes 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 signer. Any person who knowingly provides materially false Information on this application may be required to forfeit not more than \$1,000. Signer agrees to operat 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk					
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Date license granted Date license issued License number issued		Date renoded to council / hoard	Date provisional license issued	Signature of Clerk / Deputy Clerk	
	11/28/18				
AT-106 (R. 7-18) Wasconsin Department of Revonu	Date license granfod	Date license issued	License number issued		
	AT-108 (R. 7-18)	1	<u> </u>	Wiscons	in Department of Revenue

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT

ORGANIZATION OR LIMITED LIABILITY COMPANY Submit to municipal clerk. All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official. Town County of LA CROSSE of LA CROSSE To the governing body of: The undersigned duly authorized officer(s)/members/managers of $\overline{ ext{TRACK-II}}$, (registered name of corporation/organization or limited liability company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as TRACK II (trade name) located at 716 GILLETTE STREET LA CROSSE, WI 54603 appoints STEVEN J. DOLEZEL (name of appointed agent) 3220 EMERALD VALLEY DRIVE ONALASKA, WI 54650 (home address of appointed agent) to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). **V** Yes COULEE GOLF BOWL, INC., CITY OF ONALASKA, WISCONSIN ✓ No ☐ Yes Is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _56 Place of residence last year 3220 EMERALD VALLEY DRIVE, ONALASKA WI 54650 For TRACK II, LLC e of comporation/organization/limited liability company) ature of Officer/Member/Manager) And: (signature of Officer/Member/Manager) **ACCEPTANCE BY AGENT** _ , hereby accept this appointment as agent for the | STEVEN J. DOLEZEL (print/type agent's name) corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age Date of birth 3220 EMERALD VALLEY DRIVE, ONALASKA WI 54650 (home address of agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Title (town chair, village president, police chief) Approved on (signature of proper local official) Wisconsin Department of Revenue

AT-104 (R. 4-09)

Original:	X

License Fee: 13500

Renewal:

Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Track II, LLC
Address of above: 1052 OAK Forest Drive OWA/ASKIE WI
Trade name of business: TV Ack TT
Address of premises to be licensed: 716 GILFTTE STREET, LACVOSSE WI
Business phone number: (608) 782 -4988
Detailed description of cabaret area to be licensed: Entire First Floor of
the Building on the Premises
Premises are owned by: Steve Dolezel
Address of owner: 3220 Emerald Valley Drive ONA Inska WI
Name of Cabaret Manager (FIRST, MIDDLE & LAST):
Home address of Cabaret Manager: 3220 Emer Ald VAlley Drive OWNASKAL
Home phone number of Cabaret Manager: (608) 781 - 3047
Daytime phone number of Cabaret Manager: (608) 519 - 1945
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: $\frac{Alcohol SAles}{}$
Nature of entertainment:
License Period:
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.
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
Granted: License #:

SURRENDER OF LICENSE Part I

Legal/Real Name of Current Licensee: GEAR	Y INVESTMENTS, LLC D/B/A TRACK II
Premises Address: 714 GILLETTE STREET, LA CROSSE WIS	34603
Trade Name: TRACK II	
This is to advise that the undersigned is surr	
✓ Combination "Class B" Beer	& Liquor
Class "B" Beer	
	s A" Liquor (circle which apply)
Wholesale Beer	
"Class C" Wine	
to: TRACK II, LLC aba Track II	
(Insert Legal/Real N	lame of Proposed Licensee and Trade Name) be cancelled upon the Common Council's
and understand that said necess(s) with	oc cancenca apon the common common s
granting of a license to the applicant named	herein.
New Applicant	Current Licensee
1to 1 Wale	
President, Member, Partner, Individual	Disident, Member, Partner, Individual
	Cycle road
C. Maria D. Maria	Secretary, Member, Parper To Reverse
Secretary, Member, Partner	Secretary, Member, Farger Th Kever Se
a	
State of Wisconsin)	
) ss. County of La Crosse)	
On the 28 day of NOVEMBER JAMES GEARY	, 20_18, personally came before me, known to me to be the person(s) who
executed the foregoing Surrender of License, an acknowledged that s/he executed the foregoing docu	nd known to me to be the Current Licensee and ament.
	no
•	Notary Public
	Lacrosse County, Wisconsin
	My Commission expires: 12/Man
State of Wisconsin)	1
) ss.	
County of La Crosse)	
On the ²⁸ day of NOVEMBER	, 20 18 , personally came before me
STEVEN J. DOLEZEL	, known to me to be the person(s) who
	known to me to be the Proposed New Applicant and
acknowledged that s/he executed the foregoing docu	imenţ.
	n
	Notary Public
	County, Wisconsin
	My Commission expires: ALKARANT



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.

Track II LLC d/b/a Track II at 716 Gillette St., La Crosse, WI 54603

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, December 4th, 2018 at 6:00 p.m. Common Council Meeting – Thursday, December 13th, 2018 at 6:00 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.

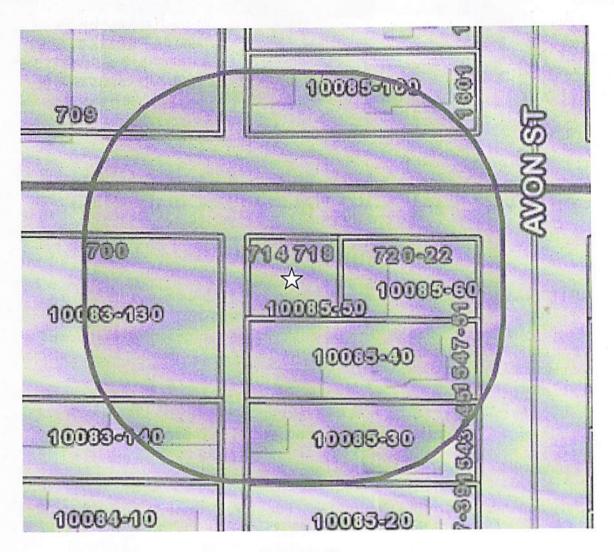
This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 29th day of November, 2018.

Teri Lehrke, WCPC, City Clerk

City of La Crosse

Jay A. Christianson Assistant Clerk



Track II LLC d/b/a Track II
716 Gillette St.
100' Buffer for Indoor Cabaret
December 13th, 2018 Council Meeting

OwnerName .	MailingLine4	MailingLine5	Property Address
NEIGHBORHOOD RENTALS LLC	340 S LEMON AVE #8508	WALNUT CA 91789-2706	718 GOHRES ST
OLSON RENTAL PROPERTIES LLC	1720 GEORGE ST	LA CROSSE WI 54603-2150	1718 GEORGE ST
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 1
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 2
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 3
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 4
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 5
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 6
GEARY INVESTMENTS LLC	2408 LOOMIS ST	LA CROSSE WI 54603	718 GILLETTE ST APT 7