Submit in municipal clank. For the ficense pariod beginning ending DUINE 30 20 20 20 20 20 20 20	UI W	iginal Alcohol B	everage Retail Lice	ense Application	Applicant's Wi Seller's Permit No.: FEIN 456-1029487597-02 83	Number:	٦
TO THE GOVERNING BODY of this: Town of T			- , .		LICENSE REQUESTED	ACTIVITY	┥.
County of _ County	For	the license period beginni	ing July 1	20 19 :			ᅱ
TO THE GOVERNING BODY of the: Town of Cross & Cris Class & Deer Class & Reguer Reguer Class & Reguer Re	,	, endl	ng oune 30	20 20	Class A beer	\$	
TO THE GOVERNING BODY of the: Village of Cross e C			_		⊠=Class B beer	\$ 00.0	ᆰ
County of ID Crose Aldermanic Dist No. 7 (if required by ordinance) 1. The named Individual Partnership Umited Liability Company September	TO	IUE COVERNINO ROBY -		C			\neg
County of DC CYOSE Aldermenic Dist. No. 7 (frequired by critinano) 1. The numed Individual Pertineship Limited Liability Company Reserve Chasa Biliquor Reserve	10	THE GOVERNING BODY O		Crosse	Class A Ilquor	\$	
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The named Individual Partmership Umited Liability Company Reserve Class & Eveno only where Y B Corporation / Nonprofit Organization Publication fee \$ 20.00	Cou	ntvof IN Crosse	Aldermanic Dist No	(if required by ordinance)		\$ 500,0	•ठा
Corporation / Nomprofit Organization on Qualification Qu				(ii reduced by crumatice)	Reserve Class B liquor	\$	
Copporation / Nomprotiti Ciganization	1.	The named Individual	☐ Partnership N	I imited Lightlity Company	☐ Class B (wine only) winery	\$	
A name (native superior and the accine) bewerage florense(s) checked above. 2. Name (native superior give last name, first, middler coporational/filmide liability companies give registered name): 3. The Lank Note: Lank place of residence of each person. 4. Analysing Viscotionalities, Form AT-103, must be completed and estached to this application by each individual applicant, by each member of a partnarship, and by each individual applicant, by each member of a partnarship, and by each mismore, discotional agent of a corporation or nonprofil organization, and by each mismore discotional agent of a corporation or nonprofil organization, and by each mismore agent or a limited liability company. List the name, tills, and place of residence of each person. 4. President/Member 4. Treasure/Member 4. Address of Premises P Pest Office & Zip Code 5. Individual partners or agent of comporation/filmined liability company subject to completion of the responsible bewerage server training course for this forms period? 5. Individual partners or agent of corporation/filmined liability company subject to completion of the responsible bewerage server training course for this forms period? 6. So Corporational managery or acting on behalf of anyone except the named applicant? 7. Does any other alcohol bewerage retail libenace or wholesable permittee have any interest in or control of this pushess? 8. No (a) Corporation/filmined liability company as subsidiery of any other corporation or limited liability company. 9. Yes No (c) Does the corporation, or any office, director, acknobled or agent or similar liability company as unbelled or similar liability comp			/ Nonprofit Organization	A Childe Cabley Company	Publication fee	\$ 20.0	U
2. Name [inclividual/partners give last name, first, middle; comporations/limited liability companies give registered name): The Real Note Local Companies of the partnership, and by each inclividual applicant, by each member of a partnership, and by each officer, director and agent of a comporation or nonprofit organization, and by each memberimanager and agent of a inclividual liability company. Let the name, tills, and place of residence of each person. Name Last, First, Mil. Home Address Post Office & Zip Code				rked ahova	TOTAL FEE	\$ 620.0	\overline{a}
An "Auxiliary Questionnaire, Form A1-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each individual applicant, by each member of a partnership, and by each member of a partnership and by each of the selection of the partnership and by each of the selection of the partnership and by each of the selection of the partnership and by each of the partnership and by each of the partnership and by each of the partnershi	2						
An "Auxillary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each momber of a partnarible, and by each officer, director and agent of a composition or nonprofit organization, and by each member/manage and agent of a composition or nonprofit organization, and by each member/manage and agent of a limited liability company. List the name, tills, and place of readence of each person. Horn Address Poet Office 8 2/9 Code Prediction 8 2/9 Code Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long Note; Address of Premises 9 1/2 Long Note; Address of Premises 9 1/2 Long Note; Business Phone Number Long 1/2 Long No	۲.			usviimited liability companies give reg	gistered name):		—
partnarship, 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 name, tiles, and place of residence of each person. Title Name (Last, First, M.I.) Home Address Post Office & Zip Code Non President/Member Secretary/Member Secretary/Member Secretary/Member Treasurer/Member Agent Part K.V. Corrie Miny 1912 Inshinson Calazza Corrie 1912 Inshinson Calazza 1912 Inshinson Calazza				ed and altached to this application	n hu aach individual annlicant im	each mombar	<u></u>
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Home Address Post Office & Zip Code		liability company. List the na	me, title, and place of residence of	each person.	and by out months of manager and	a affairt or a urin	loa
Vice President/Member Treasurer/Member Agent Not Cart		π	tie Name (Las	st, First, M.I.) Hon			
Secretary/Nember Agent Gyrxxxx Cerris Lynn Directors/Managers 3. Trade Name Thu Rapk Not: Business Phone Number GOS 19.2-7 Loc 4. Address of Premises Lic 5. Is individual, partners or agent of comporation/filmited liability company subject to completion of the responsible beverage server Tabing goowers for this Scenes period? Ves No 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Ves No 7. Does any other aborton beverage retail Boensea or wholesale permittee have any interest in or control of this pusquess? Ves No 8. (a) Corporation/filmited liability company a subsidiary of any other corporation or limited behalf company? Ves No 9. Poss any other aborton programment of the component of the compone				crie, Lynn 622)	Johnson street la Cross	2 W1 54	ا 00
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Agent Street Name Street N		Secretary/Member					
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3. Trade Name > To Rack Note: Business Phone Number Local 12 - Told Rock Address of Premises Local 14 - St. Local 14 - Local 14 - St. Local 14 - L							
4. Address of Premises 16 444 St S. 16 CYPSS, WI Post Office & Zip Code \$440 5. Is Individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this faceshe period? Yes No 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this pushess? Yes No 8. (a) Corporate/Initited liability company a publicants only: Insert state WI and date 11 241 of registration. (b) Is applicant corporation, or any officer, director, stockholder or agent to limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage loses or permit in Wisconsin? Yes No (c) Does the corporation, or any officer, director, stockholder or agent to limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage loses or permit in Wisconsin? Yes No (NOTE: All applicants explain fully on reverse side of this form every YES enswer in sections 5, 6, 7 and 8 above.) Premises description: Describe building or buildings where sloohel beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, endors storege of alcohol beverages and records, (Alcohol beverages may be sold and atored only on the premises described.) Sec. 2 No. No	3.		not Note.	Pusings	Phone Number 609-192	-7 lala 8	
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7. Does any other stochol beverage retall licensee or wholesale permittee have any interest in or control of this pusiness?	A			one avent the named andicast?			
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(b) Is applicant corporation/limited liability company a subsidiery of any other corporation or limited liability company?						الکھر دہا اسا	10
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other aborhol beverage license or permit in Wisconsin?	u.					□ v _{oo} 121 i	No
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(b) If yes, under what name was license issued? Ab(CO) Lib Ab 100	14	(a) Man this promises licenses	d for the cale of liques as been during	a this past (leases was 2)		IXÍ vos □ :	No.
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13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	12.	LOGS THE APPLICANT UNDERSTAND	THEY MUST REGISTER AS A RETAIL BEVE	srage Alconoi Dealer Win the federal Liberare beginning business? Tebas:	i government, Alconol 200 o 1,877,889,39771	NZ Yes □ I	No
[phone (609) 266-2776]. Yes	12				G 1-011-002-0211J	EXIV III	10
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Date received and filed with municipal clock Date reported to council / board Date provisional license issued Signature of Clock / Deputy Clock Date license granted Date license issued License number issued,	know this b a par	edge of the signer. Any person who usiness according to law and that to nership applicant must sign; one o	o knowingly provides materially false in the rights and responsibilities conferred corporate officer, one member/manage	formation on this application may be req i by the Itcense(s), if granted, will not be or of Limited Liability Companies must si or a misdemeanor and grounds for revoc	uired to forfelt not more than \$1,000. Si assigned to another. (Individual application.) Any lack of access to any portion ation of this license.	igner agrees to ope ants, or one membe of a licensed premi	rate er of ises
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AT-106 (R. 7-18) Wisconsin Department of Roversio	Date	iconse grantod "	frete ficeuse issued	TORUND UTILIDOL (SPRING)		• •	
	AY-10	3 (R. 7-18)	<u>L</u>		Wisconsin	Department of Revi	ouno

Sales a Service: Entire first floor of two-story building.
Storage: Entire basement of two-story building.

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зипошь пвике.

188287-0513 CONTINGE LLC
008528-0217 CONTINGY... 05/13/2019 04:21PM
008528-0217 CONTINGY... 05/13/2019 04:21PM

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

(date) (signature of proper local official)	(town chair, village president, police chial)
Approved on by	Title
I hereby certify that I have checked municipal and state criminal records. To the best of my the character, record and reputation are satisfactory and I have no objection to the agent a	knowledge, with the available information, ppointed.
APPROVAL OF AGENT BY MUNICIPAL AUTHOR (Clerk cannot sign on behalf of Municipal Offici	
622 Johnson St. La (rosse, w) 54601	Date of birth
(signature of egent) (date)	Agent's age <u>38</u>
beverages conducted on the premises for the corporation/organization/limited liability comp	
corporation/organization/limited liability company and assume full responsibility for the c	
f	by accept this appointment as agent for the
(signature of Officer/Member/M	anager)
And: (algnature of Officer/Member/Mi	
By: (name of corporation/organization/ilmited	liebility company)
For: The Root Note, LLC (name of corporation/organization/ilmited	
Place of residence last year . U22 Johnson Street La Crosse, U	Ú
How long immediately prior to making this application has the applicant agent resided continu	
Is applicant agent subject to completion of the responsible beverage server training course?	☐ Yes No
Yes No If so, indicate the corporate name(s)/limited liability company(ies) an	
to act for the corporation/organization/limited liability company with full authority and control to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity organization/limited liability company having or applying for a beer and/or liquor license for a	or requesting approval for any corporation/
•	
(name of appointed agent) 622 Johnson Street La Crosse, WI 54 (name address of appointed agent)	601
appoints (OVVIE Brexx-e	
located at 115 4th St S. LA Crosse, WI 54601	
The Root Note	
a corporation/organization or limited liability company making application for an alcohol beve	,
The undersigned duly authorized officer(s)/members/managers of	lok LLC
To the governing body of: ☐ Village of <u>La Cy959</u> Cou	unty of <u>La Crosse</u>
local official.	
liquor must appoint an agent. The following questions must be answered by the agent. The a of the corporation/organization or members/managers of a limited liability company and	ppointment must be signed by the officer(s) the recommendation made by the proper

	11
Origina	ı٠X.
Crigina	

Renewal:

License	Fee:	\$135.00	j
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Invoice	#:
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APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: ABGGEDFILC -> The Root Note LLC

Address of above: 115 4TH ST S LA CROSSE, WI 54601

Trade name of business: THE ROOT NOTE

Address of premises to be licensed: 115 4TH ST S LA CROSSE, WI 54601

Wisconsin Seller's Permit #: 456-1026856101-03 -> 456-1029487597-02

Business phone number: (608) 782-7668

Detailed description of cabaret area to be licensed:

Entire first floor of two story building.

Premises are owned by: 2ND AND MAIN/THREE SIXTY

Address of owner: 119 19TH ST N, LA CROSSE WI 54601

Name of Cabaret Manager: CORRIE LYNNE BREKKE

(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: 622 JOHNSON ST, LA CROSSE WI 54601

Home/Daytime phone number of Cabaret Manager: (608) 797-6346 or (608) 782-7668

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: FOOD AND BEVERAGE SALES

Nature of entertainment: MUSIC, POETRY READING, STORYTELLING

License Period: July 1, 2019 to June 30, 2020

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, Article IV of the Code of Ordinances for the City of La Crosse.

(Signature of applicant & date)

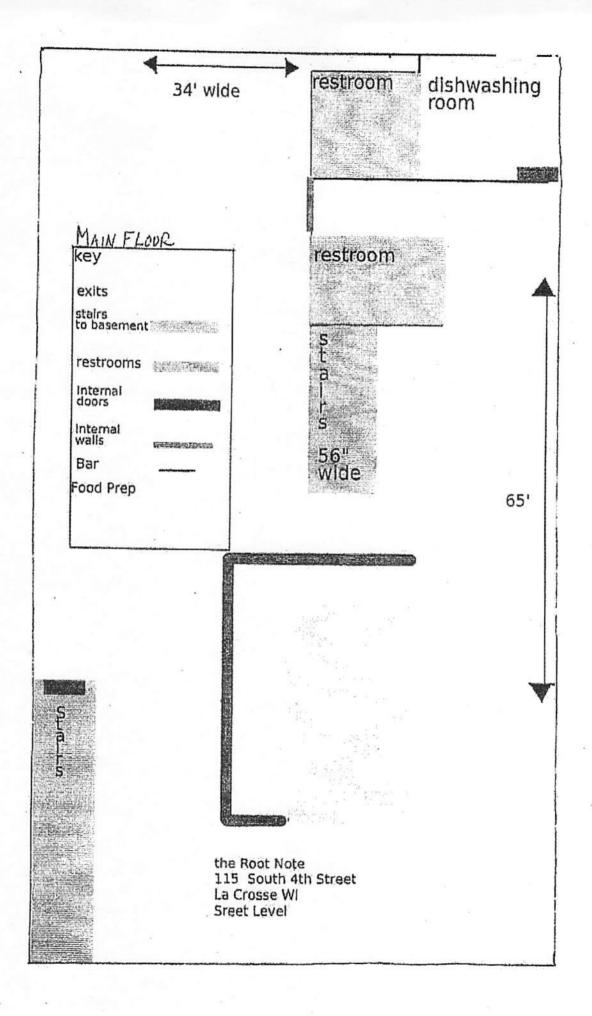
OFFICE USE ONLY:

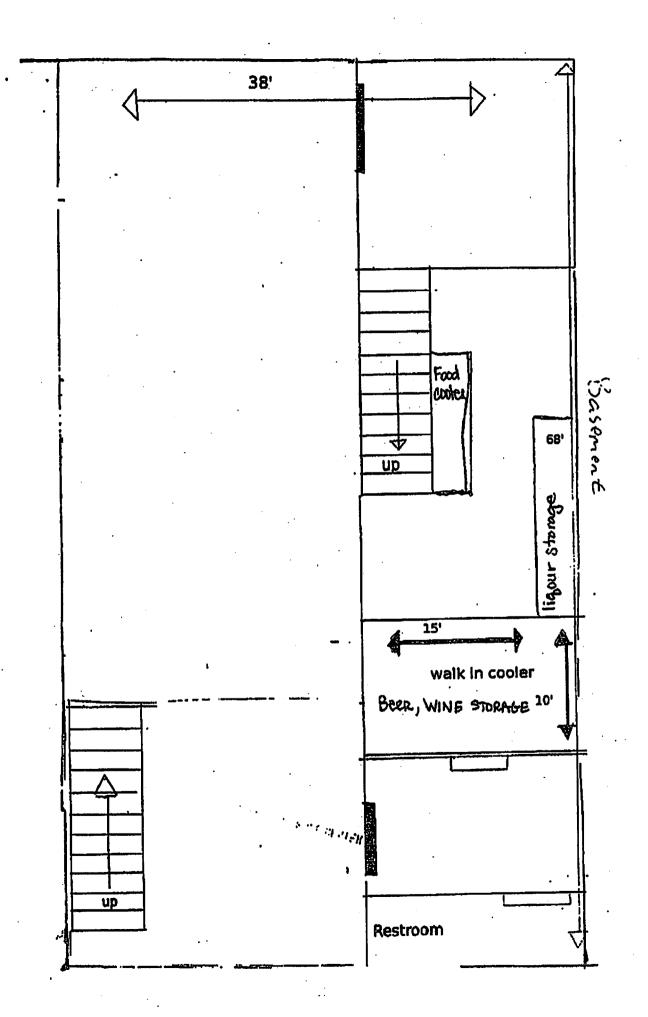
For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y / N if yes, attach a list of those lands:

Signature & date ___

anted: Munis Customer #58695

Licenseff





OwnerName	MailingLine4	MailingLine5
DJH HOLDINGS LLC	324 MAIN ST	LA CROSSE WI 54601
DOERFLINGERS SECOND CENTURY INC	1222 CASS ST	LA CROSSE WI 54601-4855
BALDRIC LLC	112 4TH ST S	LA CROSSE WI 54601
THOMAS J, SANDRA V KAPELLAS	114 4TH ST S	LA CROSSE WI 54601-3201
LEITHOLD PIANO CO INC	116 4TH ST S	LA CROSSE WI 54601-3201
AZARA PROPERTIES LLC	321 MENOMONIE ST	ELK MOUND WI 54739
MAIN STREET RENAISSANCE INC	504 MAIN ST STE 200	LA CROSSE WI 54601
JEFFREY W HOTSON	120 4TH ST S	LA CROSSE WI 54601-3201
DOERFLINGERS SECOND CENTURY INC	116 5TH AVE S APT A	LA CROSSE WI 54601
CHRISTINE A KAHLOW	823 CASS ST	LA CROSSE WI 54601
DALE B BERG	121 4TH ST S	LA CROSSE WI 54601-3257
PENNY L FASSLER	129 4TH ST S	LA CROSSE WI 54601
4 SISTERS CATERING LLC	133 4TH ST S	LA CROSSE WI 54601
BOOT COAT LLC	113 4TH ST S	LA CROSSE WI 54601-3257
THE ROOT NOTE	115 4TH ST S	LA CROSSE WI 54601

SURRENDER OF LICENSE Part I

Legal/Real Name of Current Licensee: ABCCCDE LLC				
Premises Address: 115 4th St S				
Trade Name: The KOOT NOTE				
This is to advise that the undersigned is surrendering the following license(s) Combination "Class B" Beer & Liquor Class "B" Beer Class "A" Beer and/or "Class A" Liquor (circle which apply) Wholesale Beer				
"Class C" Wine				
to: The ROOT NOTE LLC (Insert Legal/Real Name of Proposed Licensee and Trade Name)				
and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.				
New Applicant Current Licensee				
Prosident, Member, Partner, Individual Corrie Lynne Brekke President, Wiember, Partner, Individual Corrie Lynne Brekke				
Secretary, Member, Partner Dane Nicolas Gonzales				
State of Wisconsin)				
) ss. County of La Crosse)				
On the 3rd day of Januam, 2019, personally came before me known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee and acknowledged that s/he executed the foregoing document.				
Notary Public Con				
LACTOSSE County, Wisconsin				
State of Wisconsin) State of Wisconsin)				
County of La Crosse)				
On the 3rd day of 1000, 2019, personally came before me course by the Brekke, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and				
acknowledged that s/he executed the foregoing document				
Y July M Clans				
Notary Public				