Original Alcohol Be	verage Retail Lice	nse Application	Applicant's W Seller's Permit No.: FEIN 456-1029497572-04	Number:	55°00		
Submit to municipal clerk.			LICENSE REQUESTED		145 84		
For the license period beginning	g Sppt. 13	20 19 :	TYPE	FE	E		
endin		20 20	Class A beer	\$			
	[**] **	Λ	XAClass B beer		.40		
TO THE GOVERNING BODY of	Town of	Incco.	Class C wine	ĮS.			
TO THE GOVERNING BODY OF		<u> </u>	Class A liquor	\$			
3	City of	2	Class A liquor (cider only)	\$ N/			
County of La Cros	SC Aldermanic Dist. No	(If required by ordinance)	☐ Reserve Class B liquor	\$ 416 s	· 10		
	1						
1. The named 🔲 Individual		Imited Liability Company	Publication fee		.00		
	/ Nonprofit Organization		TOTAL FEE	\$ 520			
	e alcohol beverage license(s) chec			19 570	.10		
2. Name (individual/partners give last name, first, middle; corporations/limited flability companies give registered name): \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
An "Auxiliary Questiondaire "	Form AT-103 must be complete	m d and hitached to this adalicatio	n by each individual applicant, b	w oach mo	mhou of n		
partnership, and by each office	er, director and agent of a corno	o and attached to this appacation.	and by each member/manager a	y each mei nd agent of	moer or a fallmited		
liability company. List the name	ne, title, and place of residence of e	each person.			,		
- Tiel	e Name Las	First, M.I.) MILISSA Har	me Address 1101, 1/10 Post (	Office &rZip	South 57/1		
President/Member	TAKAN CALAN TOTAL		Alxu Rantsi				
Vice President/Member	- (1014[1511] Ky	an Richard Jour	Kape St La (195) c	<del></del>	100		
Secretary/Member		,	· · · · · · · · · · · · · · · · · · ·	-			
Treasurer/Merriber	91500 CARRINEU	143					
Agent ▶ <u>K\/UI\   UI</u> Directors/Managers	y 10 20 GAMENI O	\[\frac{\psi_2}{2}	1151	- A 11			
3. Trade Name A The \	lerse Lounge	4 Grill Queiness	Phone Number	11 11	1777 T		
		LIOST 5440 Post Offi	and Sin Code	16			
4. Address of Premises -		POST ORII	ce a Zip Code P S Code	# <del>"</del>			
5. Is individual, partners or agent o	f corporation/limited flability compa eriod?	ny subject to completion of the res	ponsible beverage server	.[] Yes	MO PA		
6 Is the applicant an employe or a	gent of, or acting on hehalf of anyo	ne except the named applicant?	* * * * * * * * * * * * * * * * * * * *		No P		
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?							
8 (a) Cornerstellimited liability company applicants only: Insert state W and date of registration.							
(b) Is applicant corporation/limit	ted liability company a subsidiary of	f any other corporation or limited lia	ability company?	. 🗌 Yes	(XONo		
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?							
agent hold any interest in any other alcohol beverage license or permit in Wisconsin?							
(NOTE: All applicants explain fu	lly on reverse side of this form ever	ry YES answer in sections 5, 6, 7 a	nd 8 above.)		,		
9. Premises description: Describe	building or buildings where alcohol	beverages are to be sold and store	ad. The applicant must include				
all rooms including living quarter	rs, if used, for the sales, service, co	onsumption, and/or storage of alcoh	ol beverages and records. (Alcoho fory brick building	i beverages	tes a Serv		
may be sold and stored only on	the premises described.) May F	141001 Bt 1440 2	THE MILE WALLES	and	Shrage		
<ul><li>10. Legal description (omit if street and the street)</li><li>11. (a) Was this premises licensed</li></ul>	address is given above):	the nest license year?		. Yes	□ No		
11. (a) was this premises idensed	s license issued? <u>Verse</u>	Laurage & Forill 1.1	-C (The)	· <b>y</b> · ·	1		
12. Thes the applicant understand t	hev must register as a Retail Beve	rage Alcohol Dealer with the federa	al government, Alcohol and	1			
Tobacco Tax and Trade Bureau	(TTB) by filing (TTB form 5630.5d)	before beginning business? [phon	ne 1-877-882-3277]	,A☐ Yes	□ No		
13. Does the applicant understand t	they must hold a Wisconsin Seller's	s Permit?		1			
(phone (608) 266-2776)				Yes	□ No		
14. Does the applicant understand to	that they must purchase alcohol be	verages only from Wisconsin whole	esalers, breweries and brewpubs?.	.[X] 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 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companifs must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and provided 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				
8/27/2019							
Data licensa granted	Date license issued	Licensa number issued					
			Wiscons	in Departmen	of Revenue		

AT-106 (R. 7-18)

CITY OF LA CROSSE, WI General Billing - 200146 - 2019 007142-0002 Courtney... 08/28/2019 08:46AM 197830 - MRTE BUSINESSES LLC

Payment Amount:

655.40

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

Submit to municipal clerk

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.
To the governing body of: Village of LA ( vosse County of La ( vosse
The undersigned duly authorized officer(s)/members/managers of MRTE Bus I vics to LLC (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  The Verse (oune, and (ori (
located at 717 Rose & CACVOSSE WI 54603
appoints  Orgers Cov  (name of appointed agent)  (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?
Yes No If so, indicate the corporate name(s)/limited liability company(les) and municipality(les).
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?  Place of residence last year  For:    White   Shall   Shall
(signature of Unicertainmander)
ACCEPTANCE BY AGENT  I, Hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohologorapization/limited liability company.
beverages conducted on the premises for the corporation of the series of the corporation of the series of the corporation of the series of the
2007 Kane St. La Crosse WI Date of Offitt
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.
Approved on
AT-104 (R. 4-09)

Original: 🞾 Renewal:

License Fee: / 35.00 Invoice #: 200146

APPLICATION FOR INDOOR CABARET LICENSE					
Legal/Real Name: MKTE BUSINISTIS					
Address of above: 177 KOS STOCK LI UNSSC					
Trade name of business:					
Address of premises to be licensed:					
Business phone number: ((0)) / 100					
Detailed description of caparet area to be licensed: Main + any of two Story					
Premises are owned by: VIFF JUIC COMPIN (IND. CONTRACT)					
Address of owner: UT HIICKG+ Drive Holmin, WI 54436					
Name of Cabaret Manager (FIRST, MIDDLE & LAST): MISSI SILL SILL SILL SILL SILL SILL SIL					
Home address of Cabaret Manager: QIQU KIM OTHIT LIVER DAWN					
Home phone number of Cabaret Manager: (U10) 091-111					
Daytime phone number of Cabaret Manager: (\\frac{\fin}{\frac{\fin}{\fin}}}}}}}{\frac{\fin}{\frac					
Date of Birth of Cabaret Manager:					
Was the above person listed as manager on last year's application? Yes No _X					
Other business to be conducted upon the premises:					
Nature of entertainment: KANAK LIVE DAMS DJ					
License Period: Jpt. 19, 4019 - Unt Jun 2020					
The above hereby makes application for a license to operate an Indőor 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: 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 #:					

# PERSONAL DATA SHEET (PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in	Charge: LINK W	old, MCISSA C	Su (
01014	Lane of CLAST, FI	RST & FULL MIDDLE NAME)  ADDRESS, CITY, STATE & ZIP)	74603
Home Address:	Home Phone (108)	<u> 391-111</u> 3 Daytime Phor	ne: Offing
Violations: Parking to	Kits (PAID)		
	0	Real	
Name of Officer: 7009	erson Kyov	RST & FULL MIDDLE NAME).	
Name of Officer: Torg	Kana St L	ADDRESS, CITY, STATE & ZIP)	54603
Date of Birth:	Home Phone: 608-	738-8/85 Daytime Phor	ne:
Violations: $VA$		i	
Violations. 757 /			Andrew Control of the William State of the William State of the State
And the second s	The second secon		
Name of Officer:			
Home Address:	(ATT) F.C.	ADDOESS CITY STATE & ZIP)	the state of the s
		Daytime Pho	ne:
Date of Birth:			
Violations:		The state of the s	
particles are an experienced, and the sample of the sample	The state of the s		
Name of Officer:			
	(LAST, F	IRST & FULL MIDDLE NAME)	
Home Address:	(STREE	T ADDRESS, CITY, STATE & ZIP)	and the second s
Date of Birth:		Daytime Pho	
<del>-</del>			
Violations:			
Company of the Compan	er og gregotide er værer som er og er		
Name of Officer:			
Name of Officer:	(LAST, I	TRST & FULL MIDDLE NAME)	
Home Address:	(STREE	T ADDRESS, CITY, STATE & ZIP)	
Date of Birth:	Home Phone:		one:
Violations:			Operation and the second secon
Violations,			



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

WILDER REAL ESTATE HOLDINGS LLC 4011 MARKLE RD LA CROSSE, WI 54601

## 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 <u>Indoor Cabaret</u> 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.

### MRTE Businesses LLC at 717 Rose St.

This application will be considered at the following meetings which are held in the Council Chambers at City Hall (400 La Crosse Street):

Judiciary & Administration Committee – Tuesday, September 3, 2019 at 6:00 p.m. Common Council Meeting – Thursday, September 12, 2019 at 6:00 p.m.

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 28<sup>th</sup> day of August, 2019

Teri Lehrke, WCPC, City Clerk

Deri Lehrhe

City of La Crosse



MRTE Businesses LLC dba The Verse Lounge & Grill at 717 Rose St.
Original Indoor Cabaret