For the license period beginning: 7/1/2020 ending: 6/30/2021 TYPE OF LICENSE REQUESTED To the Governing Body of the: Village of City of County of La Crosse Aldermanic Dist. No. (if required by ordinance) Check one: Individual Limited Liability Company Partnership Corporation/Nonprofit Organization FEIN Number 753085074 TYPE OF LICENSE REQUESTED Class A beer Class B beer \$ 1-00.	Renewal Alcohol Beverage License Application					Applicant's Wisconsin Seller's Permit Number		
For the license period beginning: 71/12020 ending: 6/30/2021 (min ed syyry) ending: 6/30/2021 (min ed syyry) (min ed syyry syyry) (min ed syy	rk. Read instructions	page 3.)						
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Class C wine S 1-06- Class A liquor Class B liquor S NA Class B (wine only) NA Class B liquor Class B liqu	To the Governing body of the. [_] village of \$			☑ Class B beer		-0000	18	
Class Aliquor \$ Clas	🔀 City of 🤳			/ 3 			4	
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Class B liquor \$					- 	NI/A	┨	
Check one:	•	(ii required	i by ordinance)			11//	1	
Complete A or B. All must complete C. A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Lagal Name of Corporation (Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premis 12.25 CALEDONIA ST LA CROSSE, MI 54603 All corporations/organizations or limited liability companies applying for a license to sell fermented mait beverages and/or intoxica iquor must appoint an agent. Agent Last Name (First) (Middle Name) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: (Middle Name) (Middle Name) (Middle Name) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: (Middle Name) (First) (Middle Name) (Middle Name	Check one: Individual							
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C. Business Information	ภ							
			Dominaca Dia	N 609-706-0553	,			
	. Trade Name LA CROSSE LOGGERS			one Number	· .		_	
2. Address of Premises 800 COPELAND PARK DR Post Office & Zip Code LA CROSSE, WI 54603	. Address of Premises 800 COPELAND PARK DR			Zip Code LA CROSSE, WI	5460	3		
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	nderstand that thev must	rchase alcohol	I beverages only fro	om Wisconsin wholesalers, br	eweries			
PALE)	***************************************			Yes		☐ No)	
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant m					annlie	ant much	ŧ	
include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages	1. Describe building and		accord Develades	are to be sold and Stored. In	е аррік	ani musi	į J	
	Describe building or I Juding living quarters if the second control in the second	for the ealer	e carvina concum	ntion and/or etorage of clash	al have	anee and		
records. (Alcohol beverages may be sold and stored only on the premises described.)	luding living quarters, if t	d, for the sales	s, service, consum	ption, and/or storage of alcohol	ol bever	ages and	1	

area.)

5. !	Legal description (omit if street address is given	on previous page):			
6.	a. Since filing of the last application, has the namember, officer, director, manager or agent organization licensee been convicted of an for violation of any federal laws, any Wisconsor municipality? If yes, complete page 3	for either a limited liability company li y offenses (excluding traffic offenses sin laws, any laws of other states, or c	censee, or nonprofit not related to alcohol) ordinances of any county	☐ Yes	No
	 b. Are charges for any offenses presently pen the named licensee or any other persons affi 	ding (excluding traffic offenses not relliated with this license? If yes, explain	lated to alcohol) against n fully on page 3	☐ Yes	No
7.	Except for questions 6a and 6b, have there be by you on your last application for this license?	en any changes in the answers to the	questions as submitted	TYes	X No
8.	Was the profit or loss from the sale of alcohol be or Franchise Tax return of the licensee? If not, o	verages for the previous year reported explain	on the Wisconsin Income	Yes	□No
9.	Does the applicant understand they must hold a [phone (608) 266-2776]	a Wisconsin Seller's Permit?		Yes	□No
10.	Does the applicant understand that alcohol beve from the date of invoice and made available for	erage invoices must be kept at the licer inspection by law enforcement?	nsed premises for 2 years	Yes	4
11.	Is the applicant indebted to any wholesaler bey	ond 15 days for beer or 30 days for liq	juor?	☐ Yes	No
12.	Does the applicant owe municipal property taxe (Note: Renewal of licenses may be denied pur assessments or other fees).	es, assessments, or other fees? rsuant to a local ordinance, if the licens	see owes municipal taxes,	☐ Yes	N₀
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under peen truthfully answered to the best of the knowledge plication; that the applicant has read and made a discorrect. The undersigned further understands id, and under penalty of state law, the applicant resident application. Any person who knowingly provide in \$1,000.	ge of the signer. The signer agrees that complete answer to each question, ar that any license issued contrary to Cha may he prosecuted for submitting false	t ne/she is the person hame nd that the answers in each apter 125 of the Wisconsin s statements and affidavits i	instance Statutes n connect	are true shall be tion with
	gnature Mul Skapanke Damier	Title / Member Owned was Phone Number 608-792-18	Date 26 1 Email Address 10 fo 0/a	Noveh rosse leg	ded (
	BE COMPLETED BY CLERK		ID-to House		
Da	ate received and filed with municipal clerk Date re	ported to council / board	Date license granted		
Lic	pense number issued Date lid	ense issued	Signature of Clerk / Deputy Clerk	_	