

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2021 ending: 6/30/2022  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } La Crosse  
☐ Village of }  
☒ City of }

County of La Crosse

Aldermanic Dist. No. 1  
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company  
☐ Partnership ☐ Corporation/Nonprofit Organization

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 Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><b>TRA VIGNE</b> | Address of Corporation / Limited Liability Company (if different from licensed premises)<br><b>2311 STATE RD<br/>LA CROSSE, WI 54601</b> |
|---|--|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                     |                        |                                  |   |
|-------------------------------------|------------------------|----------------------------------|---|
| Agent Last Name<br><b>SCHUMAKER</b> | (First)<br><b>TINA</b> | (Middle Name)<br><b>CHANTELL</b> | Home Address (Street, City or Post Office, & Zip Code)<br><b>N2271 WILLOW Way W<br/>LA CROSSE, WI 54601</b> |
|-------------------------------------|------------------------|----------------------------------|---|

## All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

|  |                        |                                  |   |
|--|------------------------|----------------------------------|---|
| President / Member Last Name<br><b>SCHUMAKER</b> | (First)<br><b>TINA</b> | (Middle Name)<br><b>CHANTELL</b> | Home Address (Street, City or Post Office, & Zip Code)<br><b>N2271 WILLOW Way W<br/>LA CROSSE, WI 54601</b> |
| Vice President / Member Last Name                | (First)                | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)  |
| Secretary / Member Last Name                     | (First)                | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)  |
| Treasurer / Member Last Name                     | (First)                | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)  |
| Member Last Name                                 | (First)                | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)  |
| Member Last Name                                 | (First)                | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)  |

## C. Business Information

- Trade Name JAVAVINO Business Phone Number 608-787-5282
- Address of Premises 2311 STATE RD Post Office & Zip Code LA CROSSE, WI 54601
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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 first floor of one-story building and beer garden. (Storage: Northeast corner of first floor.)**

| Applicant's Wisconsin Seller's Permit Number<br><b>456-1024969630-04</b> |                 |
|--|-----------------|
| FEIN Number<br><b>271354487</b>  |                 |
| TYPE OF LICENSE REQUESTED  | FEE             |
| <input type="checkbox"/> Class A beer                                    | \$              |
| <input checked="" type="checkbox"/> Class B beer                         | \$ <b>10.00</b> |
| <input type="checkbox"/> Class C wine                                    | \$              |
| <input type="checkbox"/> Class A liquor                                  | \$              |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A          |
| <input checked="" type="checkbox"/> Class B liquor                       | \$ <b>50.00</b> |
| <input type="checkbox"/> Reserve Class B liquor                          | \$              |
| <input checked="" type="checkbox"/> Class B (wine only) winery           | \$              |
| Publication fee  | \$ <b>20.00</b> |
| <b>TOTAL FEE</b>   | \$ <b>80.00</b> |

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

|  |                                     |   |
|--|-------------------------------------|---|
| Contact Person's Name (Last, First, M.I.)<br><b>Schumaker, Tina C.</b> | Title / Member<br><b>owner</b>      | Date<br><b>6/10/21</b>                      |
| Signature<br><i>Tina Schumaker</i>                                     | Phone Number<br><b>608-487-3081</b> | Email Address<br><b>tina@javavinola.com</b> |

**TO BE COMPLETED BY CLERK**

|  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk | Date reported to council / board | Date license granted              |
| License number issued                        | Date license issued              | Signature of Clerk / Deputy Clerk |



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☐ New ☒ Renewal For the license period 7/1/2021 to 6/30/2022 Fee: \$ 160.00**BUSINESS INFORMATION\***

Legal/Real Name:

TRA VIGNE

Address of Above: Street

2311 STATE RD

City

LA CROSSE

State

WI

Zip Code

54601

**PREMISES INFORMATION**

Trade Name of Business:

JAVAVINO

Address of premises to be Licensed:

2311 STATE RD

Business Phone Number:

(608) 787-5282

Premises are Owned By:

STROEH PROPERTIES LLC

Address of Owner: Street

W8045 COUNTY ROAD ZB

City

ONALASKA

State

WI

Zip Code

54650

**CABARET INFORMATION**

Detailed description of cabaret area to be licensed:

Entire first floor of one-story building.

Nature of Entertainment:

Piano playing and small group musicians.

Other Business Conducted upon the premises:

**MANAGER INFORMATION\***

Cabaret Manager Name: First

TINA

Middle

CHANTELL

Last

SCHUMAKER

Cabaret Manager Home Address: Street

N2271 WILLOW Way W

City

LA CROSSE

State

WI

Zip Code

54601

Home Phone Number of Cabaret Manager:

(608) 487-3081

Daytime Phone Number of Cabaret Manager:

(608) 787-5282

Was the above person listed as manager on last year's application?

☒ Yes ☐ No

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 application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises?

☐ Yes (if yes, attach a list of those lands) ☐ No

Signature:

Date:

Granted:

License #:



# City of La Crosse, Wisconsin

## APPLICATION FOR OUTDOOR CABARET LICENSE

Check One: ☐ New ☒ Renewal For the license period 7/1/2021 to 6/30/2022 Fee: \$ 160.00**BUSINESS INFORMATION\***

Legal/Real Name:

TRA VIGNE

Address of Above: Street

2311 STATE RD

City

LA CROSSE

State

WI

Zip Code

54601

**PREMISES INFORMATION**

Trade Name of Business:

JAVAVINO

Address of premises to be Licensed:

2311 STATE RD

Business Phone Number:

(608) 787-5282

Premises are Owned By:

STROEH PROPERTIES LLC

Address of Owner: Street

W8045 COUNTY ROAD ZB

City

ONALASKA

State

WI

Zip Code

54650

**CABARET INFORMATION**

Detailed description of cabaret area to be licensed:

ATTACHED OUTDOOR CAFE AREA

Nature of Entertainment:

MECHANICAL MUSIC, LIVE MUSIC - GUITAR, VIOLIN, HARMONICA, TRUMPET

Other Business Conducted upon the premises:

RESTAURANT

**MANAGER INFORMATION\***

Cabaret Manager Name: First

TINA

Middle

CHANTELL

Last

SCHUMAKER

Cabaret Manager Home Address: Street

N2271 WILLOW Way W

City

LA CROSSE

State

WI

Zip Code

54601

Home Phone Number of Cabaret Manager:

(608) 487-3081

Daytime Phone Number of Cabaret Manager:

(608) 787-5282

Was the above person listed as manager on last year's application?

☒ Yes ☐ No

The above hereby makes application for a license to operate an Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Signature of Applicant

Date

**OFFICE USE ONLY**

For original application:

**Attach a list of all property owners within 200 feet of the proposed licensed premises.**

Signature:

Date:

Granted:

License #:



# City of La Crosse, Wisconsin

## APPLICATION FOR BEER GARDEN LICENSE

Check One: ☐ New ☒ Renewal For the license period 7/1/2021 to 6/30/2022 Fee: \$ 160.00License Class: (Check One) ☐ Class "A" ☒ Class "B" ☐ Class "C" ☐ Class "D"  
(ZONING RESTRICTION)**BUSINESS INFORMATION**

Legal/Real Name:

TRA VIGNE

Address of Above: Street

City

State

Zip Code

2311 STATE RD

LA CROSSE

WI

54601

**PREMISES INFORMATION**

Trade Name of Business:

JAVAVINO

Address of premises to be Licensed:

2311 STATE RD

**BEER GARDEN INFORMATION**

Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.)

Northeast corner of building, 483 sq. ft.

**AGENT INFORMATION**

Agent Name: First

Middle

Last

TINA

CHANTELL

SCHUMAKER

Agent Home Address: Street

City

State

Zip Code

N2271 WILLOW Way W

LA CROSSE

WI

54601

Home Phone Number:

(608) 487-3081

Daytime Phone Number:

(608) 787-5282

Was the above person listed as agent on last year's application?

☒ Yes ☐ No

The above hereby makes application for a license to operate a Beer Garden at the above address within the City of La Crosse pursuant to provisions of Sec. 10-47 of the Code of Ordinances for the City of La Crosse.

Signature of Applicant

Date

## A PLAN MUST ACCOMPANY THIS APPLICATION

**OFFICE USE ONLY**

For original application:

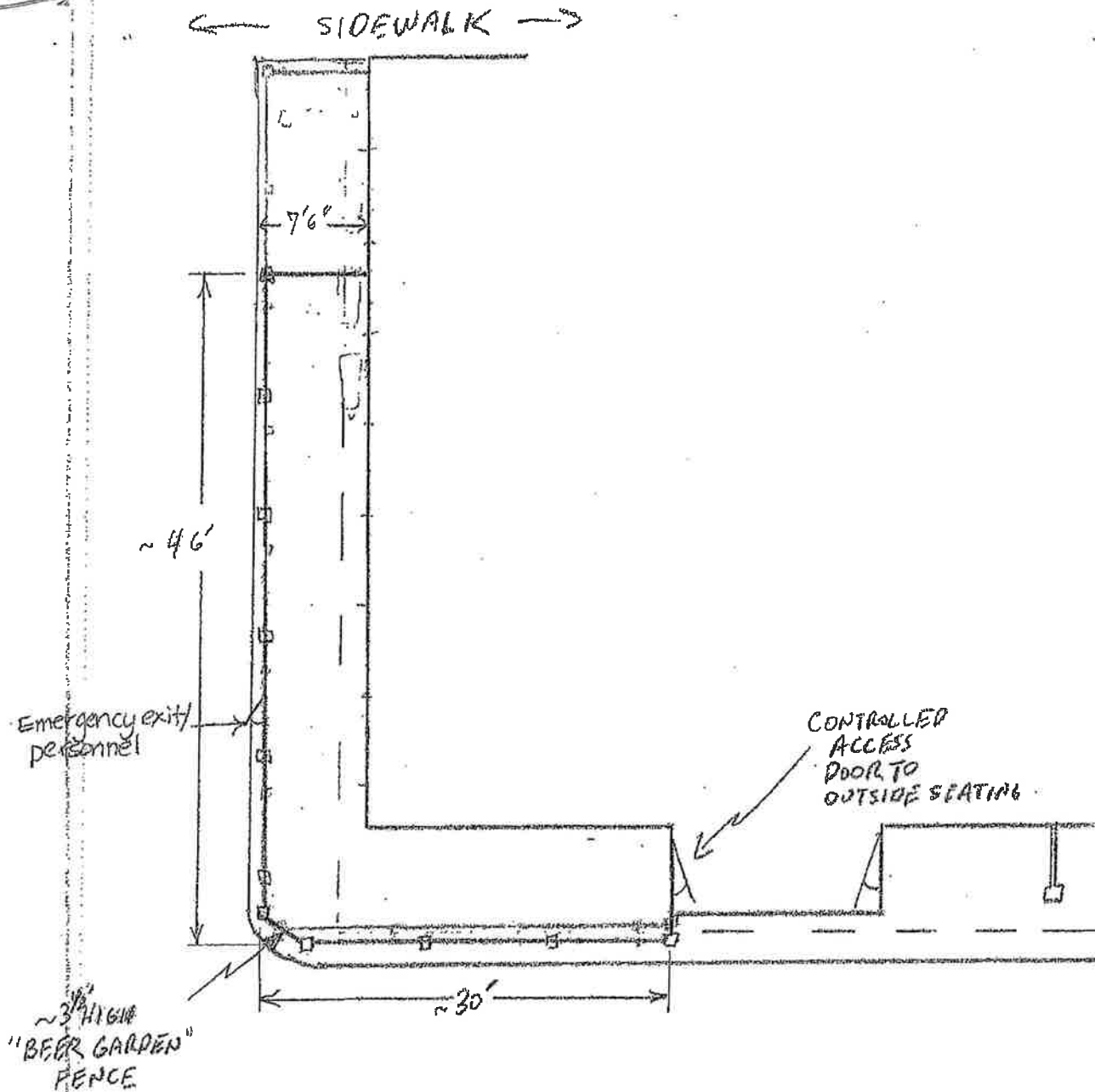
Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature:

Date:

Granted:

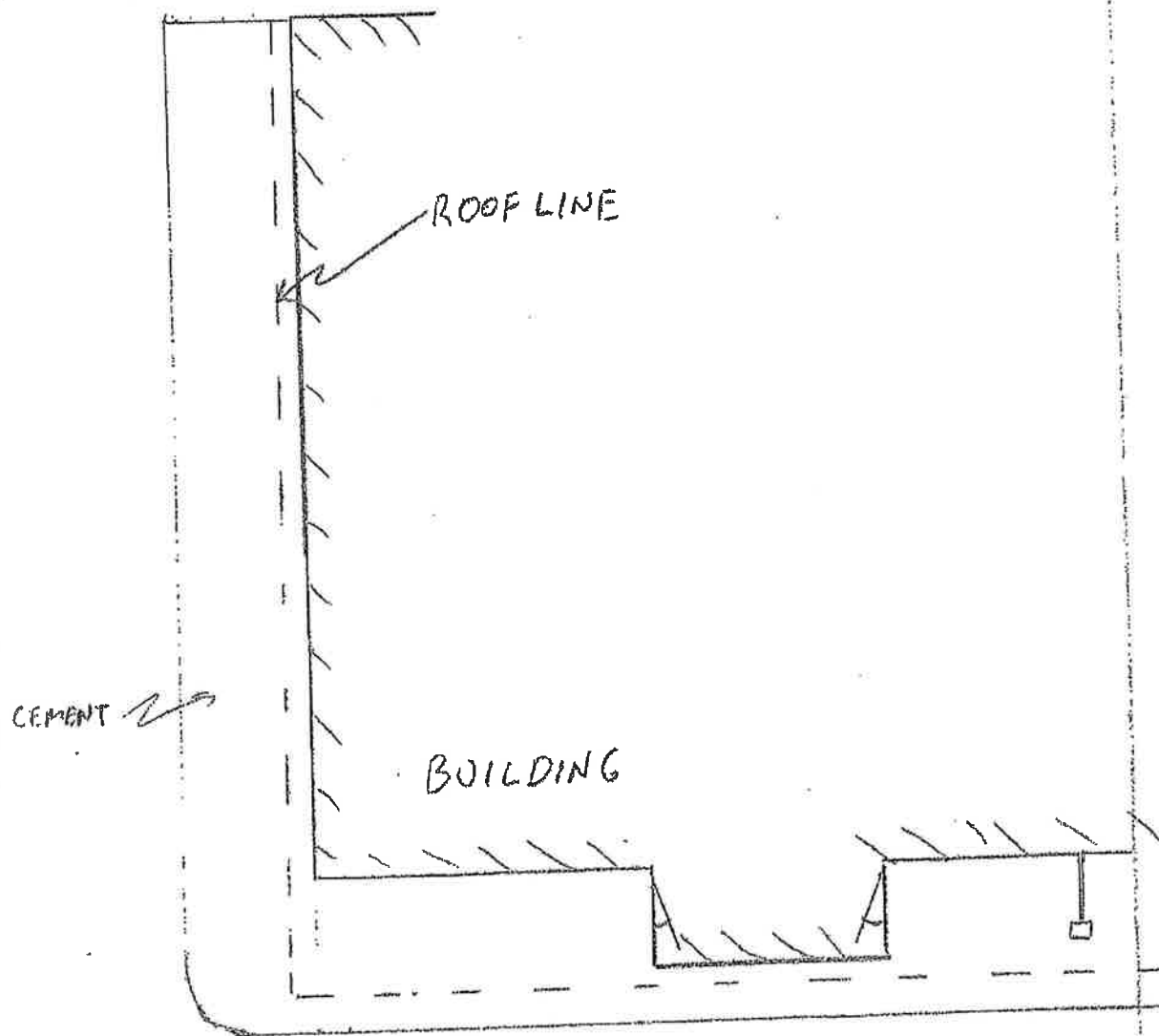
License #:



TRAVIGNE DBA JANA VINO / ABSOLUTELY EDIBLE  
PROPOSED OUTSIDE SEATING

NORTH ↓

← SIDEWALK →



1" = 2 FEET

TRAVIGNE DBA JAVAVINO / ABSOLUTELY EDIBLE  
EXISTING BUILDING

NORTH ↓