

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Oct-24th 20 17 :
 ending June 30 20 17

TO THE GOVERNING BODY of the: Town of } La Crosse
 Village of }
 City of }

County of La Crosse Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): JAI HANUMAN INC

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$ 75.06	
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input checked="" type="checkbox"/>	Class A liquor	\$ 375.03	
<input type="checkbox"/>	Class A liquor (cider only)	\$ N/A	
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$ 40.00	
TOTAL FEE		\$490.09	

An "Auxiliary Questionnaire," 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/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>President Rajeshkumar L. Lakhan</u>	<u>4375 LANDINGS LN, DESPLAINES, IL, 6001</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>TIMOTHY GIANOLI</u>	<u>225 State St. #36</u>	<u>La Crosse WI 54601</u>

3. Trade Name Freedom Value Business Phone Number 608-782-1070
 4. Address of Premises 423 4th St S Post Office & Zip Code La Crosse, WI-54601

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license 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 business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state WI and date 7-21-17 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (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 alcohol beverage license 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.) _____
 10. Legal description (omit if street address is given above): _____
 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____
 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] Yes No
 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies 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 grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of September
Alex Wozney (Clerk/Notary Public)
R. Lakhan (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 My commission expires 06/14/2020
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/27/17</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License #	

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.

To the governing body of: Town Village of LACROSSE County of LACROSSE City

The undersigned duly authorized officer(s)/members/managers of JAI HANUMAN INC
(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 Freedom Value
(trade name)

located at 823 4th St. S, LACROSSE, WI

appoints ~~Timothy G. Gianoli~~ Timothy G. Gianoli
(name of appointed agent)
225 State Street, Apt #36, Lacrosse, WI, 54601
(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(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 8 yrs

Place of residence last year 225 State Street, Apt. #36, Lacrosse, WI.

For: JAI HANUMAN INC
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: P. L. Hanuman
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Timothy G. Gianoli
(print/type agent's name), 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 alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Timothy G. Gianoli 9/25/17 Agent's age _____
(signature of agent) (date)
225 State Street, Apt. #36, Lacrosse, WI. Date of birth _____
(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.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

SURRENDER OF LICENSE
Part I

Legal/Real Name of Current Licensee: Freedom Valu Centers, Inc.
Premises Address: 823 4th Street, South, LaCross, WI 54601
Trade Name: Freedom Valu Center #51

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: Jai Hanuman, Inc.
(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

P. L. Lakhani
President, Member, Partner, Individual

Secretary, Member, Partner

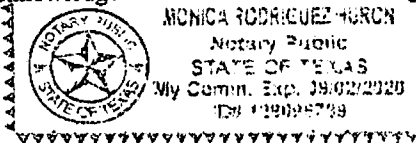
Current Licensee

Jeremy Bergeron
President, Member, Partner, Individual

Secretary, Member, Partner

Texas
State of Wisconsin)
Bexar) ss.
County of La Crosse)

On the 26th day of September, 2017, personally came before me Jeremy L. Bergeron / Gibranna Rueda, 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.



Monica Muron
Notary Public
Bexar County, Wisconsin Texas
My Commission expires: 09/02/2020

State of Wisconsin)
) ss.
County of La Crosse)

On the 27th day of September, 2017, personally came before me Rajeshkumar Lakhani, 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.

JAY A. CHRISTIANSON
Notary Public
La Crosse County, Wisconsin
My Commission expires: 3-13-2020

SURRENDER OF LICENSE
Part II

September 24, 2017

Date

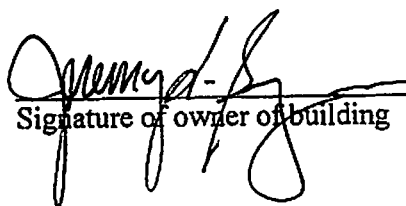
City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at
823 4th St., South, La Crosse, Wisconsin.

I have entered into a lease for the above property effective 10/24/2017 with
Jai Hanuman, Inc. (Strike sentence if not applicable.)

Further, this letter is to document that said owner or tenant has control of the premises,
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,



Signature of owner of building

Printed name of owner: Jeremy Bergeron, President

Home address of owner: 302 Pagoda Oak, Shavano Park, TX 78220

Daytime phone number of owner: 210-883-1395