

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: Oct. 10, 2019 ending: 6/30/2020
(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. 6
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>84-2049222</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>75.06</u>
<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	\$ <u>375.03</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>470.09</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
The Odd Fellows Temple LLC

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Berg</u>	<u>Dale</u>	<u>Dallas</u>	<u>1305 South Ave Lacrosse WI 54601</u>
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)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Berg</u>	<u>Dale</u>	<u>Dallas</u>	<u>1305 South Ave. LaCrosse WI 54601</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Odd Fellows Business Phone Number 608-785-2827
2. Address of Premises 119 4th St. S. Post Office & Zip Code LaCrosse 54601

3. 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.)
Sales/service: 3200 sqft 3rd Floor event center
Storage: locked room on 3rd Floor (Northeast corner)
Cabaret: 3200 sqft 3rd Floor event center
beer garden
app will come later -
want open til spring
including skywalk to rooftop beer garden

4. Legal description (omit if street address is given above): _____
5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No

Will take and submit certificate before license is issued

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 6/2019 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain 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? If yes, explain. Yes No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

12. 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 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 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.

Contact Person's Name (Last, First, M.I.) <u>DALE BERG</u>	Title/Member <u>Member/Agent</u>	Date <u>9/09/19</u>
Signature <u>Dale Berg</u>	Phone Number <u>(608) 785-2627</u>	Email Address <u>bdale@350.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/9/2019</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Original:

License Fee: 135.00

Renewal:

Invoice #: 167797

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: The Odd Fellows Temple LLC

Address of above: 121 4th St S

Trade name of business: Odd Fellows

Address of premises to be licensed: 119 4th St. S., La Crosse WI

Business phone number: 608-785-2827

Detailed description of cabaret area to be licensed: _____

3200 sq feet 3rd Floor event center

Premises are owned by: Dale Berg

Address of owner: 121 4th St S

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Dale Dallas Berg

Home address of Cabaret Manager: 1305 South Ave Lacrosse

Home phone number of Cabaret Manager: 312-513-8017

Daytime phone number of Cabaret Manager: 608-785-2827

Date of Birth of Cabaret Manager: _____

Was the above person listed as manager on last year's application? Yes ___ No

Other business to be conducted upon the premises: banquet hall / event center

Nature of entertainment: live performances, theatrical

License Period: 2019 - 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. 10-100 of the Code of Ordinances for the City of La Crosse.

Dale Berg 9/09/19
(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: Berg, DALE DALLAS
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: 1305 South Ave, La Crosse
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: 1-1-41 Home Phone: 608-785-2827 ^{DAY} Daytime Phone: 312-513-8017
Violations: _____

Name of Officer: See Above
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
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

DALE B BERG
121 4TH ST S
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 **Indoor Cabaret** 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.

**The Odd Fellows Temple LLC
at 119 4th St. S.**

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, October 1, 2019 at 6:00 p.m.
Common Council Meeting – Thursday, October 10, 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 11th day of September, 2019

A handwritten signature in cursive script that reads "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk
City of La Crosse

slc

The Odd Fellows Temple LLC
Indoor Cabaret Mailing List

OwnerName	CompleteAddress	MailCityStateZip
4 SISTERS CATERING LLC	133 4TH ST S	LA CROSSE, WI 54601
BALDRIC LLC	112 4TH ST S	LA CROSSE, WI 54601
BOOT COAT LLC	113 4TH ST S	LA CROSSE, WI 54601-3257
CHRISTINE A KAHLOW	823 CASS ST	LA CROSSE, WI 54601
CROSSFIRE INCORPORATED	422 MAIN ST	LA CROSSE, WI 54601-4015
DALE B BERG	121 4TH ST S	LA CROSSE, WI 54601-3257
DJH HOLDINGS LLC	324 MAIN ST	LA CROSSE, WI 54601
DLL PROPERTIES LLC	418 MAIN ST	LA CROSSE, WI 54601
DOERFLINGERS SECOND CENTURY INC	1222 CASS ST	LA CROSSE, WI 54601-4855
I & B OF LACROSSE LLC	2000 N HILLCREST PKY	ALTOONA, WI 54720
JEFFREY W HOTSON	120 4TH ST S	LA CROSSE, WI 54601-3201
LEITHOLD PIANO CO INC	116 4TH ST S	LA CROSSE, WI 54601-3201
PENNY L FASSLER	129 4TH ST S	LA CROSSE, WI 54601
STEPHEN D HARM	806 STARLIGHT DR	HOLMEN, WI 54636
THOMAS J KAPELLAS, SANDRA V KAPELLAS	114 4TH ST S	LA CROSSE, WI 54601-3201