Wisconsin Department of Revenue

For the license period beginning: Oct.1.0, 2012 and 3 pr.10.  For the license period beginning: Oct.1.10, 2012 and 3 pr.10.  Free Decision of the Governing Body of the:   Willage of   Crosse   Class A lacer   Class A lacer	(Submit to municipal clerk.)				Applicant's Wisconsin Seller's Permit Number		
To the Governing Body of the:   Town of   La. Crosse   Closes & Buer   State   Closes & Buer   State	For the license period beginning	g: Oct. 10,2	0/9ending: 6	30/2020		99	
County of La Crosse Aldermanic Dist. No. 6 (if required by ordinance)  Addermanic Dist. No. 6 (if required by ordinance)  Check one: Individual Claimited Liability Company  Partnership Corporation/Nonprofit Organization  Name (individual partners give last name, first, middle, corporations / limited liability company)  Name (individual partners give last name, first, middle, corporations / limited liability company)  Name (individual partners give last name, first, middle, corporations / limited liability company)  Name (individual partners give last name, first, middle, corporations / limited liability company)  Name (individual partners give last name, first, middle, corporations / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name, first, middle, corporation / limited liability company)  Name (individual partners give last name)  Name (individual partners last name)  Name (individual partners last name)  Name (individual partners last name)  Name (individual pa		(mm da yyyy)	·	(mm ad yyyy)		FEE	
County of La Crosse Aldermanic Dist. No. 6 (If required by ordinance)  Aldermanic Dist. No. 6 (If required by ordinance)  Check one: Individual Claimited Liability Company  Partnership Corporation/Nonprofit Organization  Name (individual partners give last name, first, middle. Corporation/Nonprofit Organization)  Name (individual partners give last name, first, middle. Corporation/Nonprofit Organization)  Name (individual partners give last name, first, middle. Corporation/Nonprofit Organization)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name)  Name (individual partners last name)  Name (ind		☐ Town of		•	Class A beer	\$	
County of La Crosse Aldermanic Dist. No. 6 (If required by ordinance)  Aldermanic Dist. No. 6 (If required by ordinance)  Check one: Individual Claimited Liability Company  Partnership Corporation/Nonprofit Organization  Name (individual partners give last name, first, middle. Corporation/Nonprofit Organization)  Name (individual partners give last name, first, middle. Corporation/Nonprofit Organization)  Name (individual partners give last name, first, middle. Corporation/Nonprofit Organization)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name, first, middle. Corporation of Immedial liability Company)  Name (individual partners give last name)  Name (individual partners last name)  Name (ind	To the Governing Body of the: Village of La Crosse RClass B beer \$ 75.06				\$ 75.06		
Check one:   Individual   Climited Liability Company   Screen Class B liquor   S   Class B (wine only) wherey   S   Color   TOTAL FEE   S   470 . cg      Name (individual   pariners give last name, first, middle, corporations / furnished liability companies give registered name)      The Odd Fellows Temple LLC  An "Auxillary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, and by each member/manager and agent of a compression 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.    Prediction / Member Last Name   (First)					Class C wine	\$	
Check one:   Individual   Climited Liability Company   Green Version Biguor   Santa Signature   Santa	County of 10 (VAC	CP,	A lele ensencie	Dial No 6	Class A liquor	<del></del>	
Check one:   Individual   Climited Liability Company   Class B liquor   S   Class B   Class B	County of Lac Cros	750	/if required	by ordinance)			
Check one:   Individual   Circuit   Corporation/Nonprofit Organization   Corporation/Nonprofit Organization   Corporation/Nonprofit Organization   Corporation   Corporation/Nonprofit Organization   Corporation			(ii required	by ordinance;	T	\$ 375.03	
Partnership   Corporation/Nonprofit Organization   Publication fee   \$ 26.00     TOTAL FEE   \$ 470.09     Name (individual / partners give list name, first, middlin, corporations / finited liability companies give organization and partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display of a corporation or nonprofit organization, and by each member display or post office, a zip code)    Prevalent display organization display organization and display organization and display organization. Supplay or post office, a zip code)   Post office and complete display organization and display organization. Supplay organization and display organization. Supplay organization and display organization. Supplay organization.						\$	
Name (Individual / pariners give last name, first, middle; corporations / limited liability companies give registered name)   The Odd Fellows Temple LLC   An "Auxillary 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 limited liability company. List the full name and place of resident adgent of a limited liability company. Use the full name and place of residence of each person.   President / Member Last Name   First						<u> </u>	
Name (individual / partners give last name, first, middle, corporations / limited liability companies give registored 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.  Pereldent Member Last Name    First)	☐ Partnership	☐ Corporation/Non	profit Organization	on			
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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			•				
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							
President / Member Last Name   Carosse   Dale   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)    Treasurer / 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)    Directors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)    1. Trade Name   Odd Fellows   Business Phone Number   Love 185 - 2827    2. Address of Premises   19 4th st. S.   Post Office & Zip Code   La Crosse   5460    3. Premises description: Describe 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 saft   3rd Floor event center   Storage : 10cked room on 3rd Floor (Northeast corner)   to roof to roof to roof to record   Cabaret : 3200 saft   3rd Floor event center   Deer garden   Come   Cabaret : 3200 saft   3rd Floor event center   Cabaret : 3200 saft   3rd F							
Dera   Dale	each member/manager and a	gent of a limited lia	ability company	. List the full name	and place of residence of ea	ch person.	
Secretary / Member Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)	President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Secretary / Member Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)	Deva	Dale	Mallas	12ng C	nuth Ave lack	1500 W15460	
Secretary / Member Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)	Vice President / Nember Last Name		<del>  -  </del>	Home Address (Street, C	tity or Post Office, & Zip Code)	<del>/230                                    </del>	
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)  BLYG Dale Dallas 1305 South Ave. LaCrosse WIST (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  1. Trade Name Odd Fellows Business Phone Number Lobs 785 - 2827  2. Address of Premises 199 4th St. S. Post Office & Zip Code La Crosse 5460  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 sq ft 3rd Floor event center to roof to		(*,	(		, , , , , , , , , , , , , , , , , , , ,		
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)  BLYG Dale Dallas 1305 South Ave. LaCrosse WIST (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  1. Trade Name Odd Fellows Business Phone Number Lobs 785 - 2827  2. Address of Premises 199 4th St. S. Post Office & Zip Code La Crosse 5460  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 sq ft 3rd Floor event center to roof to	Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zio Code)		
Agent Last Name  Berg  Dale  D	Country / McMocr 2001 Name	(,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, o		
Agent Last Name  Berg  Dale  D	Transurar / Mambas Last Nama	(Cient)	(Middle Name)	Home Address (Street C	Physic Post Office & Zin Code)		
Berg Dale Dallas 1305 South Ave. La Crosse WISHO 1  1. Trade Name Odd Fellows Business Phone Number 608-785-2827  2. Address of Premises 119 4th St. S. Post Office & Zip Code La Crosse 5460  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 sq ft 3rd Floor event center to rooftby Cabaret: 3200 sq ft 3rd Floor event center peer garden  4. Legal description (amit if street address is given above): Wont Open to Sping  5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?     Yes   No	Treasurer / Wember Last Name	(FIISI)	(Middle Name)	Hollio Address (Street, C	ity of Post Office, a zip Code)		
Berg Dale Dallas 1305 South Ave. La Crosse WISHO 1  1. Trade Name Odd Fellows Business Phone Number 608-785-2827  2. Address of Premises 119 4th St. S. Post Office & Zip Code La Crosse 5460  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 sq ft 3rd Floor event center to rooftby Cabaret: 3200 sq ft 3rd Floor event center peer garden  4. Legal description (amit if street address is given above): Wont Open to Sping  5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?     Yes   No			 		2		
1. Trade Name Odd Fellows  Business Phone Number 608-785-887  2. Address of Premises 119 4th St. S. Post Office & Zip Code 6 La Crosse 5460  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 including Skywalk Storage: 10cked room on 3rd Floor event center 5kywalk to roof to cabaret: 3200 sqft 3rd Floor event center 6 beer 6 per 9 arden 6 garden 6 per 9 will 6 come 10 per 9 arden 7 garden 7 garden 7 garden 7 garden 7 per 10 pen	<i>"</i>	1.34	1' '				
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storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises    Sales   Service: 3200 saft   3rd   Floor   event   center   skywalk						•	
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Storage: 10cked room on 3rd Floor (Northeast corner) to roof to cabaret: 3200 sq ft 3rd Floor event center beer garden    Oper garden	described.)		Λ.			Skirwalk	
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Cabaret: 3200 sqft 3rd Floor-event center beer garden    Deer garden							
beer garden  app Will  come later  4. Legal description (omit if street address is given above): Won't Open the spring  5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? \text{Yes} \text{No}						,, ,	
4. Legal description (omit if street address is given above): Wont Open to Spring  5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?	<u>Cabaret</u> :	2900 29 L	r ora	1	1		
4. Legal description (omit if street address is given above):  Wont Open 15  pring  5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?				heer aar	gen	garaen	
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5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?	4. Legal description (omit if st	reet address is give	n above):	Wont Oper	n tispring	. /	
(b) If yes, under what name was license issued?							
	(b) If yes, under what nam	e was license issued	j?				

AT-106 (R. 3-19)

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	Y Yes	□ No
	Will take and Submit Certa heart betwee license  15 ISSUED  Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  If yes, explain.	☐ Yes	Жµо
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	☐ Yes	X No
9.	(a) Corporate/limited liability company applicants only: Insert state WI and date <u>U</u> <u>301</u> of registration.	9 ^	•
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain	☐ Yes	Ø 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	ј∕Д №
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]	X 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 Yes	□ No
the I than assig	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been to best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if gned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/managrapanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection and grounds for revocation of this license.	ed to forfeit if granted, w er of Limited	not more vill not be d Liability
	Lact Parson's flame (Last, First, M.I.)  BERG  Title/Momber  Phone Number  Final Address  Email Address  Email Address  Email Address  Final	9/1 5060	9 Demail,
TO E	BE COMPLETED BY CLERK		Con
Date (	s received and filed with municipal clerk   Date reported to council / board   Date provisional license issued   Signature of Clerk / Deputy Clerk		
Date	e license granted Date license issued License number issued		

Original: 🔀

Renewal:

License Fee: 135.00

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 W1
Business phone number: <u>608 - 785 - 2827</u>
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:
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: <u>harqvet hall</u> event center
Nature of entertainment: live performances theatrical
License Period:
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: 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	DAL	-E	DALLAS Cross-e hone: <u>312-513-801</u> 7
	.2. F	(LAST, FIRST	& FULL MIDDLE	NAME)	(racs o
Home Address:	1305 3	OUTS (STREET ADI	DRESS, CITY, ST	TATE & ZIP)	403 7-6
Date of Birth:	DAL (	1 Phone: <u>6.68-78≤</u>	-2827 I	<i>Hmie</i> ⊋ay <del>time-</del> Pl	hone: <u>312-513-801</u> 7
Violations:					
Violationio.					
Name of Officer:	See A	bove	& FULL MIDDLE	NAME)	
D. C. CDlab.	Home	(STREET AUI	DRESS, CITY, ST	Davtime P	hone:
				Dayamor	hone:
Violations:					
Name of Officer:					
		(LAST, FIRST	& FULL MIDDLE		
Home Address:		(STREET AD	DRESS, CITY, S	TATE & ZIP)	
Date of Birth:		e Phone:		Daytime P	hone:
Violations:					
Name of Officer:		(LAST, FIRS	F& FULL MIDDLI	E NAME)	
Home Address:					•
		•			
Date of Birth:				Dayline	hone:
Violations:					
Nows of Officers					
		(LASI, FIRS	F & FULL MIDDL		
Home Address:		(OTDEET AF	DDESS CITY S	TATE & 71D1	
Date of Birth:		e Phone:	WKE33, UIII, 3	Davtime P	Phone:
v 101ati0113.					



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 <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.

## The Odd Fellows Temple LLC at 119 4<sup>th</sup> 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.

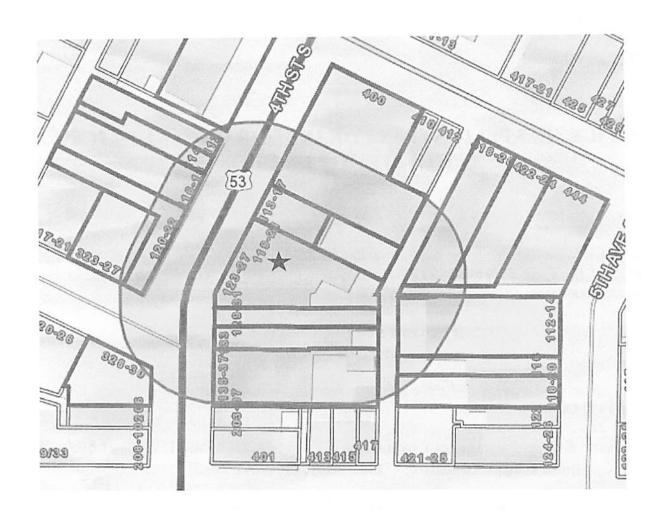
You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse. Dated this 11<sup>th</sup> day of September, 2019

Teri Lehrke, WCPC, City Clerk

Deri Lehrhe

City of La Crosse



The Odd Fellows Temple LLC dba Odd Fellows at 119 4<sup>th</sup> St. S.
Original Indoor Cabaret

### 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