

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning January 30 20 15 ;
ending June 30 20 15

TO THE GOVERNING BODY of the: Town of }
 Village of } LA CROSSE
 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): VOGUE VENTURES 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 name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member		<u>BEN BLAINE BOCKENHAUER</u>	<u>N5976 APPLE BLOSSOM TR, ONALASKA, WI</u>	<u>54650</u>
Vice President/Member		<u>BRYAN LEWIS STRAND</u>	<u>1200 EASTWOOD ST #3, HOLMEN, WI</u>	<u>54636</u>
Secretary/Member				
Treasurer/Member				
Agent		<u>BEN BLAINE BOCKENHAUER</u>	<u>N5976 APPLE BLOSSOM TR, ONALASKA, WI</u>	<u>54650</u>
Directors/Managers				

3. Trade Name ROSCOES VOGUE Business Phone Number 608-781-3860
4. Address of Premises 1820 GEORGE ST Post Office & Zip Code LA CROSSE WI 54603

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 12-23-14 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.) Sales & Service: Bar Room on first floor of one-story brick building.

10. Legal description (omit if street address is given above): Storage: Back room storage and walk-in cooler & freezer.

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? DJ VOGUE LLC

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No

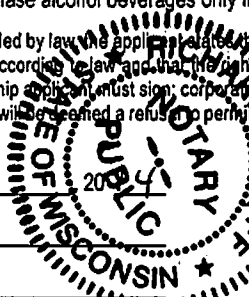
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant declares 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 application 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 23 day of December 2015

[Signature]
(Clerk/Deputy Public)



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires December
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

COPY

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 Vogue Ventures, LLC
(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 Roscoes Vogue
(trade name)

located at 1820 George St.

appoints Ben Beckenhauer
(name of appointed agent)
NSF76 Apple Blossom Trail
(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? 51 years

Place of residence last year NSF76 Apple Blossom Tr., Onalaska WI 54650

For: Vogue Ventures LLC db/a Roscoes Vogue
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Ben Beckenhauer
(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.

[Signature] 12-18-14 Agent's age _____
(signature of agent) (date)

NSF76 Apple Blossom Tr. Onalaska WI 54650 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)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bockenbauer		Ben		Blaine	
Home Address (street/route)		Post Office	City	State	Zip Code
N5976 Apple Blossom Tr.		Onalaska	Onalaska	WI	54650
Home Phone Number		Age	Date of Birth	Place of Birth	
608 790 4225				Zadrosse, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 A member of a partnership which is making application for an alcohol beverage license.

Member & Agent of Vogue Ventures, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 51 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale License or Permit) (Address By City and County)

6. Named individual must list in chronological order last two employers.

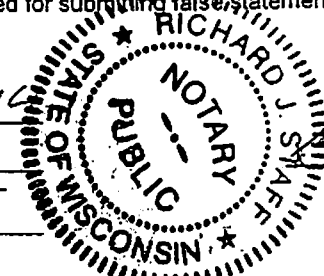
Employer's Name	Employer's Address	Employed From	To
Pischke Motors	Hwy 16 West Salem, WI	2-5-2003	5-1-2010
Raddison Hotel	1st Street LaDrosse, WI	3-1-1996	3-1-1999

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 18 day of December, 2010

[Signature]
(Clerk/Notary Public)



My commission expires Permanet

[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STRAND		RYAN		LEWIS	
Home Address (street/route)		Post Office	City	State	Zip Code
1200 EASTWOOD ST. #3		HOLMEN	HOLMEN	WI	54636
Home Phone Number		Age	Date of Birth	Place of Birth	
608-546-5138				LA CROIXE, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- MEMBER of Vogue Ventures, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 55
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licenses or Permits) (Address By City and County)

6. Named individual must list in chronological order last two employers.

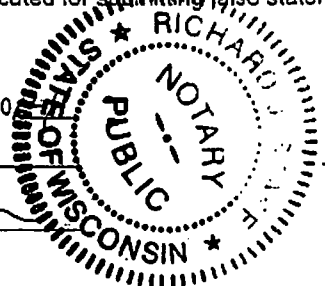
Employer's Name	Employer's Address	Employed From	To
MANDELEZ GORAL	BROOKLYN PARK MINN	7-7-14	PRESENT
BLACK HORSE CARRIAGE	CAROL STREAM IL	3-1-12	7-7-14

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 18 day of December, 2014

[Signature]
(Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires [Signature]



SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: DIVOQUE LLC
Premises Address: 1820 George St LaCrosse
Trade Name: DJS VOQUE BAR

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: Vogue Ventures, LLC
(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

Current Licensee

Ben Bockenbauer
President, Member, Partner, Individual

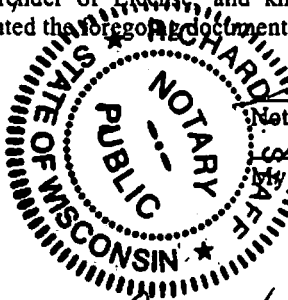
Dan Gerleman President
President, Member, Partner, Individual

Bryan Strand
Secretary, Member, Partner

Secretary, Member, Partner

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

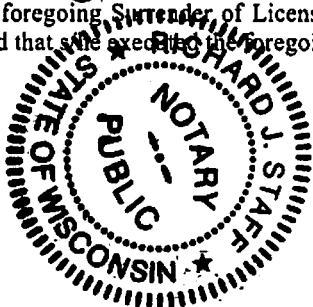
On the 18 day of Dec, 2014, personally came before me Ben Bockenbauer Dan Gerleman, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee and acknowledged that s/he executed the foregoing document.



[Signature]
Notary Public
LaCrosse County, Wisconsin
My Commission expires: perm

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

On the 23 day of December, 2014, personally came before me Bryan Strand Ben Bockenbauer, 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.



[Signature]
Notary Public
LaCrosse County, Wisconsin
My Commission expires: perm