

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning MARCH 13th 20 15 :
ending JUNE 30th 20 15

TO THE GOVERNING BODY of the: Town of } LA CROSSE
 Village of }
 City of }

County of _____ 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): Sloopy's Alma Mater 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>Shane Lloyd Wehrs</u>	<u>W1869 Brye Road, P.O. Box 115, Coon Valley WI 54623</u>	
Vice President/Member	<u>- SEE ATTACHED FOR ADDITIONAL MEMBERS</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>Shane Lloyd Wehrs</u>	<u>W1869 Brye Road, P.O. Box 115, Coon Valley WI 54623</u>	
Directors/Managers			

3. Trade Name Sloopy's Alma Mater Business Phone Number 608-785-0245
4. Address of Premises 163 Copeland Ave Post Office & Zip Code LA CROSSE WI 54603

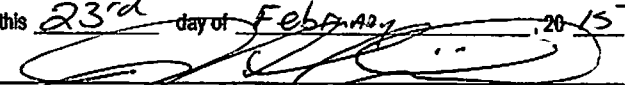
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any 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 2/18/15 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: MAIN FLOOR

10. Legal description (omit if street address is given above): Storage: Basement

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? Bacon Enterprises, Inc. aka Sloopy's Alma Mater
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5530.5) 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 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 23rd day of February, 20 15

(Clerk/Notary Public)
My commission expires 3-13-2015


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

(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>2/23/15</u>	<u>3/3/15</u>		
Date license granted	Date license issued	License number issued	
			5304

CITY OF LA CROSSE, WI
General Billing - 200066 - 2015
001562-0031 Amber W. 02/23/2015 03:45PM
SLOOPY'S ALMA MATER LLC

Sloopy's Alma Mater LLC d/b/a Sloopy's Alma Mater

Member Listing:

Shane Lloyd Wehrs, W1869 Brye Road, Po Box 115, Coon Valley WI 54623

Christopher Allan Johnson, W3692 Pleasant Valley Rd, West Salem WI 54669

Benjamin Charles Neumann, 617 Mississippi St, La Crosse WI 54601

Daron Truman Householder, 913 Tyler St, La Crosse WI 54601

Alonzo James Harr, 107 Lier St, Coon Valley WI 54623

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 La Crosse County of La Crosse
 City

The undersigned duly authorized officer(s)/members/managers of Sloopy's Alma Mater 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
Sloopy's Alma Mater
(trade name)

located at 163 Copeland Ave.

appoints Shane Lloyd Wehrs
(name of appointed agent)
W1869 Bryce Road, Coon Valley WI 54623
(home address of appointed agent)
P.O. Box 115

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).
Lloyds Speedstop Class A West Salem WI / Lloyds Homemade pizza Co LLC Class B West Salem WI

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? 35 years

Place of residence last year W1869 Bryce Road Coon Valley WI, 54623
 For: Sloopy's Alma Mater LLC
(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, Shane Lloyd Wehrs, hereby accept this appointment as agent for the
(print/type agent's name)

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] 2/19/15 Agent's age _____
(signature of agent) (date)
W1869 Bryce Rd, POBOX 115, COON VALLEY WI 54623 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: Bergin ENT, Inc
Premises Address: 163 Copeland Ave
Trade Name: Sloopy's Alma Mater

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: Sloopy's Alma Mater LLC d/b/a Sloopy's Alma Mater
(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

Shane Wehrs
President, Member, Partner, Individual

[Signature]
Secretary ~~Member~~ Partner

Current Licensee

David J. Berger
President, Member, Partner, Individual

[Signature]
Secretary, Member, Partner

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

On the 19th day of February, 2015, personally came before me David J. Berger, 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
La Crosse County, Wisconsin
My Commission expires: 3-13-2016

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

On the 19th day of February, 2015, personally came before me Shane Wehrs, 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
La Crosse County, Wisconsin
My Commission expires: 3-13-2016

Original:

License Fee: \$100.00

Renewal:

Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Sloopy's Alma Mater LLC

Address of above: 163 Copeland Ave, LA CROSSE WI 54603

Trade name of business: Sloopy's Alma Mater

Address of premises to be licensed: 163 Copeland Ave, LA CROSSE WI 54603

Business phone number: 608-785-0245

Detailed description of cabaret area to be licensed: Entire first floor of two-story brick building.

Premises are owned by: Sloopy's LLC

Address of owner: W1869 Brye Road Coon Valley, WI 54623

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Shane Lloyd Wehrs

Home address of Cabaret Manager: W1869 BRYE ROAD, P.O. BOX 115, COON VALLEY WI 54623

Home phone number of Cabaret Manager: 608-386-1298

Daytime phone number of Cabaret Manager: 608-386-1298

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: Bar/Restaurant

Nature of entertainment: DJ, KARAOKE, LIVE MUSIC

License Period: MARCH 13th, 2015 to June 30th, 2015.

The above hereby makes application for a license to operate an Indoor Cabaret at the above address with the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of Crosse.

[Signature] FEB 23, 2015
(Signature of applicant & date)

CITY OF LA CROSSE, WI
General Billing - 20006 - 2015
001562 Amber W. 02/23/2015 03:45PM
174439 ALMOPYS ALMA MATER LLC
Payment Amount: 530.04

OFFICE USE ONLY: _____ Munis Customer #: _____

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 premises? Y / N If yes, attach a list of those lands.

Signature and date _____

Granted: _____ License #: 81



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

**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.

**Sloopy's Alma Mater LLC d/b/a Sloopy's Alma Mater
at 163 Copeland Ave. La Crosse, WI 54603**

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, March 3rd, 2015 at 7:30 p.m.
Common Council Meeting – Thursday, March 12th, 2015 at 7:30 p.m.

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

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.

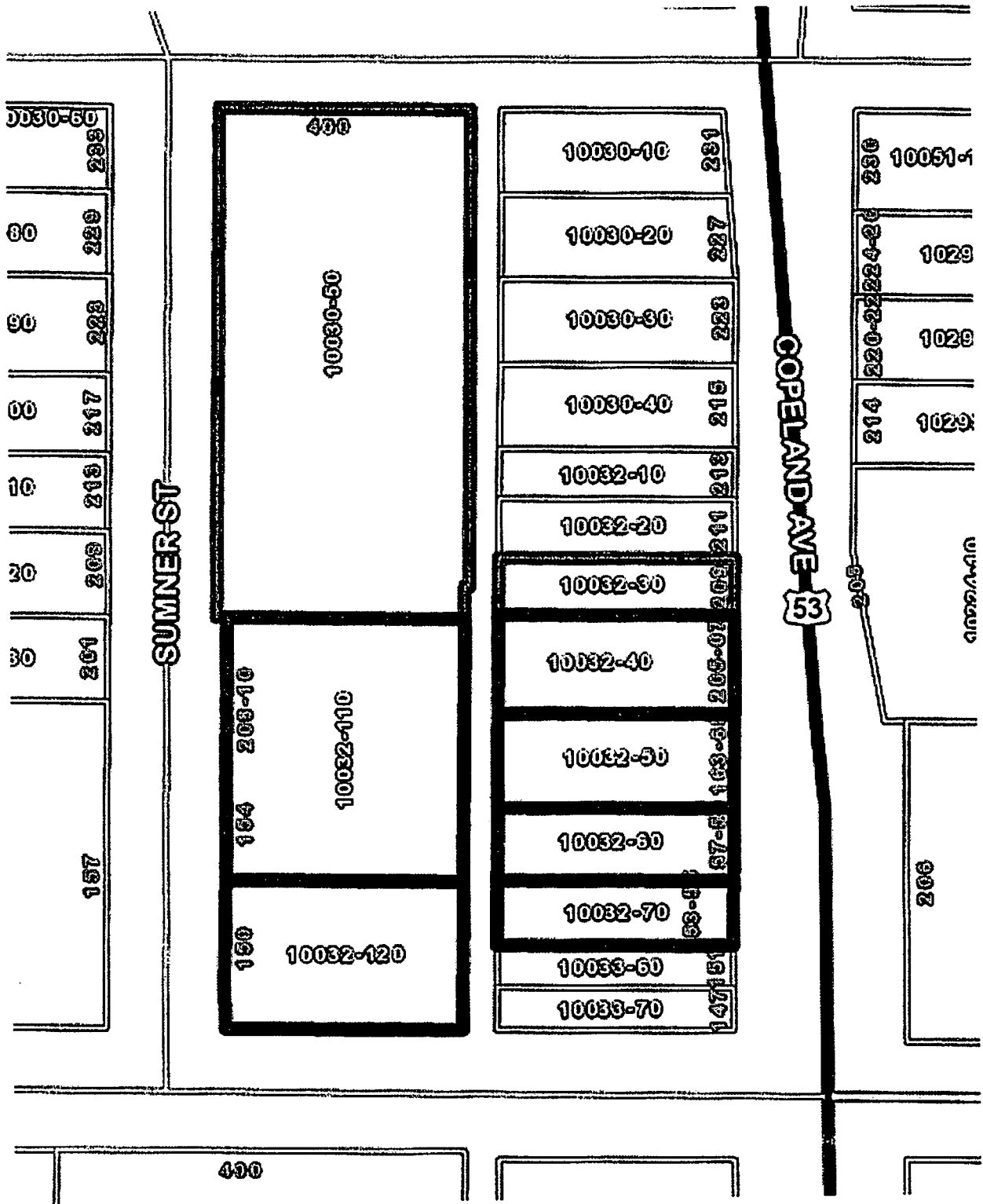
Dated this 25th day of February, 2015.

Teri Lehrke, WCPC, City Clerk
City of La Crosse

Jay Christianson
License & Election Clerk III

Stoopys Alma Mater - 100' Buffer - Indoor Cabaret

Owner Name	Billing Address	Billing City/State/Zip
GVC INC	PO BOX 1283	LA CROSSE WI 54602-1283
ALEX PARCHER	1446 ROSE ST STE 3	LA CROSSE WI 54603-2404
SPOCK ENTERPRISES LLC	PO BOX 485	LA CROSSE WI 54602-0485
JAMES GRABINSKI	705 SPILLWAY DR	LA CROSSE WI 54603
DAVID & CYNTHIA BERGER	1416 WILLIAM DR	ONALASKA WI 54650-8947
JOSEPH KLINGBEIL	1437 AVON ST	LA CROSSE WI 54603-2406
LACROSSE INDUSTRIAL PARK CORPORATION	712 MAIN ST	LA CROSSE WI 54601



Sloopys - 163 Copeland Ave
 100' Buffer for Indoor Cabaret
 MARCH 12, 2015 CM

New: X

License Fee: \$110.00

Renewal:

Receipt #:

APPLICATION FOR BEER GARDEN LICENSE

X Class "A" ___ Class "B" ___ Class "C" ___ Class "D"
(ZONING RESTRICTION)

To the Common Council of the City of La Crosse:

Legal/Real Name: SLOOPY'S ALMA MATER LLC

Address of above: 163 COPELAND AVE, LA CROSSE, WI 54603

Trade name of business: SLOOPY'S ALMA MATER

Address of premises to be licenses: 163 COPELAND AVE, LA CROSSE, WI 54603

Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.) *Southwest corner of building extending into the rear parking lot. It is a 850 square feet fenced-in area with vinyl fencing, poured concrete slab with egress.*

Name of manager (FIRST, MIDDLE & LAST:) Shane Lloyd Wehrs

Home address: W1869 Brye Road, P.O. Box 115, Coon Valley WI 54623

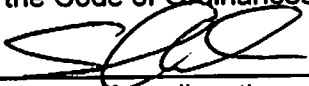
Home phone number: 608-386-1298

Daytime phone number: 608-386-1298

Date of Birth: _____

License Period: MARCH 13, 2015 to June 30, 2015

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)

Feb 23, 2015

(Date)

****A PLAN MUST ACCOMPANY THIS APPLICATION****

OFFICE USE ONLY:

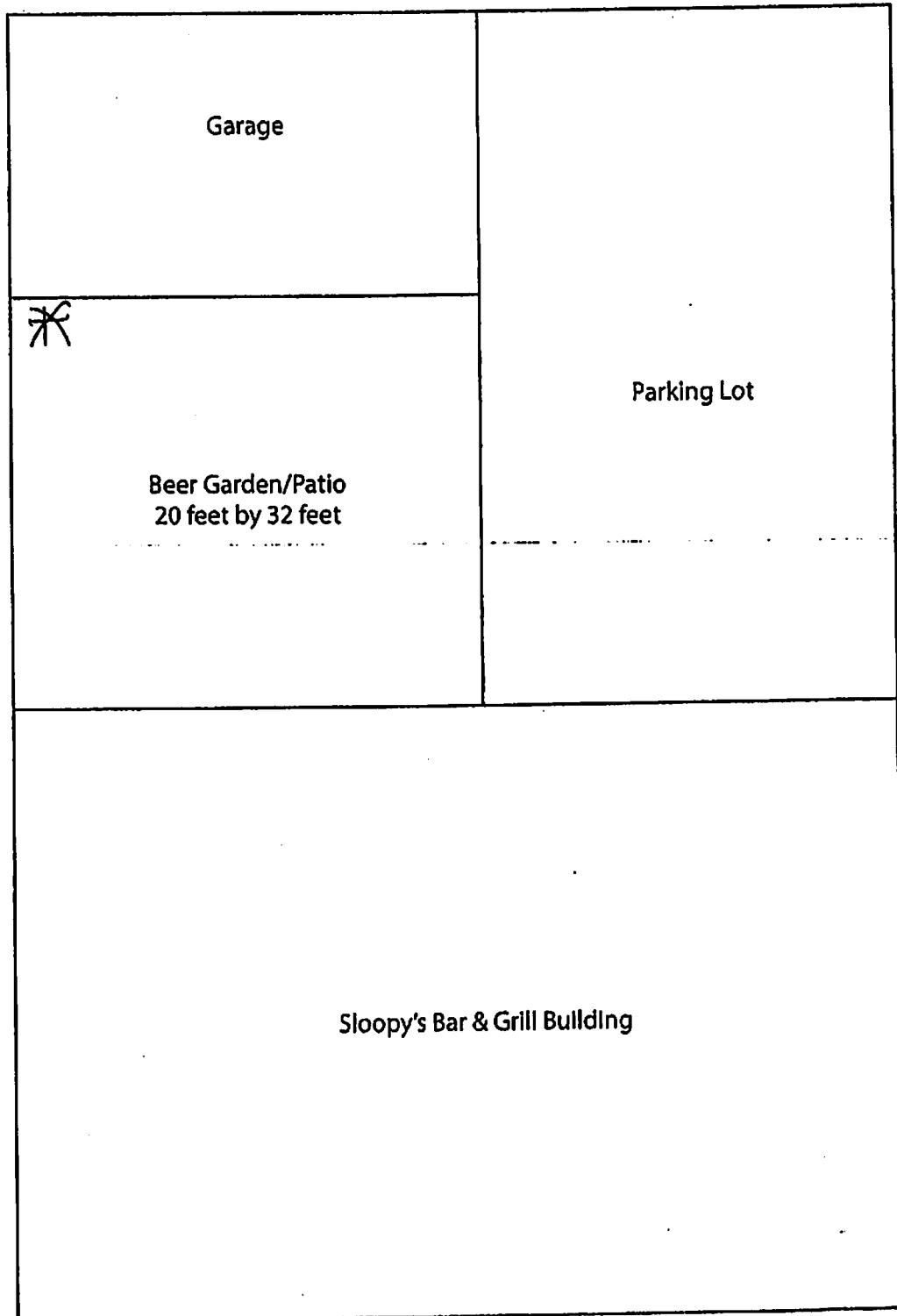
For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature and date: _____

Granted: _____ License #: 30

CITY OF LA CROSSE, WI
General Billing - 200066 - 2015
001562-0031 Amber W. 02/23/2015 03:45PM
174939 - SLOOPY'S ALMA MATER LLC
Payment Amount: 530.04

* SW corner of Sloopy's building extending into the rear parking lot; it is 850 square feet fenced in with vinyl fencing; poured concrete slab with egress.



Sloopy's Alma Mater - 200` Buffer - Class "A" Beer Garden

Owner Name	Billing Address	Billing City/State/Zip
ALEX PARCHER	1446 ROSE ST STE 3	LA CROSSE WI 54603-2404
DAVID & CYNTHIA BERGER	1416 WILLIAM DR	ONALASKA WI 54650-8947
DOUG WEIDENBACH	213 COPELAND AVE	LA CROSSE WI 54603
EL WALKER LLC	W6384 WINESAP DR	ONALASKA WI 54650
GVC INC	PO BOX 1283	LA CROSSE WI 54602-1283
JAMES GRABINSKI	705 SPILLWAY DR	LA CROSSE WI 54603
JOSEPH KLINGBEIL	1437 AVON ST	LA CROSSE WI 54603-2406
LACROSSE INDUSTRIAL PARK CORPORATION	712 MAIN ST	LA CROSSE WI 54601
MICHAEL & DEBRA CALLAHAN	131 WEST AVE S	LA CROSSE WI 54601-4129
SPOCK ENTERPRISES LLC	PO BOX 485	LA CROSSE WI 54602-0485
YAN PAN	215 COPELAND AVE	LA CROSSE WI 54603



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

**NOTICE OF APPLICATION FOR BEER GARDEN LICENSE
IN THE CITY OF LA CROSSE**

To Whom It May Concern:

This is to notify you that the following business has applied for a Class "A" Beer Garden license under Sec. 10-47(c) of the Code of Ordinances of the City of La Crosse to allow consumption of alcoholic beverages in a designated outdoor area.

**Sloopy's Alma Mater LLC d/b/a Sloopy's Alma Mater
at 163 Copeland Ave., La Crosse, WI 54603**

This application will be considered at the following meetings:

**Judiciary and Administration Committee – Tuesday, March 3rd, 2015 at 7:30 p.m.
Common Council Meeting – Thursday, March 12th, 2015 at 7:30 p.m.**

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

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 25th day of February, 2015.

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

Teri Lehrke, WCPC, City Clerk
City of La Crosse

A handwritten signature in cursive script that reads "Jay Christianson".

Jay Christianson
License & Election Clerk III



Sloopy's - 163 Copeland Ave
 200' Buffer for Beer Garden
 MARCH 12, 2015 CM