

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 1/10 20 14 ;
 ending 6/30 20 14 ;

Applicant's Wisconsin Seller's Permit Number:	<u>456-1028208603-02</u>
Federal Employer Identification Number (FEIN):	<u>46-4213104</u>
LICENSE REQUESTED ▶	
TYPE	FEE
Class A beer	\$ <u>50.04</u>
Class B beer	\$ <u>250.02</u>
Class C wine	\$
Class A liquor	\$
Class B liquor	\$
Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>320.06</u>

TO THE GOVERNING BODY of the: Town of } Lacrosse
 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): Vick's Lounge 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>Jeffrey Alan Woodruff</u>	<u>2991 S Morningside Lane</u>	<u>Gold Canyon AZ 85118</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Angela Marie Burish</u>	<u>2001 20th St S</u>	<u>Lacrosse WI</u>
Directors/Managers	<u>none</u>		

3. Trade Name ▶ Vick's Bar Business Phone Number 788-3900
 4. Address of Premises ▶ 3749 Mormon Coulee Post Office & Zip Code ▶ Lacrosse 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 11/6/13 of registration. Yes No
 (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

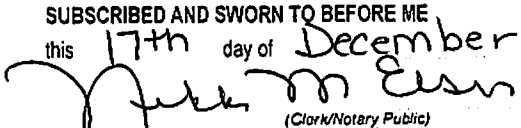
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) surf lounge dba Mirage



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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) sales/service: one room on main floor of one-story frame building. Storage: basement.
 10. Legal description (omit if street address is given above): same as 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? VICK'S BAR: HOTEL INC

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 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 17th day of December, 2013

 (Clerk/Notary Public)
 My commission expires 6/23/17


 (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>12/17/13</u>			
Date license granted	Date license issued	License number issued	
		<u>124</u>	

CITY OF LA CROSSE, WI
 General Billing - 200037 - 2013
 000215-0085 Mark P. P.
 12/17/2013 12:22 PM
 320-6

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LLC

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.

The undersigned duly authorized officer(s)/members/managers of

Vick's Lounge LLC
(registered name of corporation/organization or LLC)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Vick's Bar
(trade name)

located at 3749 Mormon Coulee Road Lacrosse WI 54601

appoints Angela Marie Burish
(first name) (full middle name) (last name of appointed agent)

2001 20th St S Lacrosse WI 54601
(home address of appointed agent) (street address) (city) (state) (zip code)

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 the 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 corporation name(s)/limited liability company(ies) and municipality(ies).

Surf Lounge Inc dba Mirage Sports Bar

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 33 years

Place of residence last year Lacrosse

For: Vick's Lounge LLC

By: [Signature] Date: 12/17/13
(signature of President/Member)

And: _____ Date: _____
(signature of Secretary/Member)

ACCEPTANCE BY AGENT

I, Angela Marie Burish, hereby accept this appointment as agent for
(first name) (full middle name) (last name)

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] 12-17-14 Agent's age 33
(signature of agent) (date) Date of birth

2001 20th St S Lacrosse WI 54601 Daytime phone 792-6558
(home address) (city) (state) (zip code)

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 12/18/13 by AH [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)