ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION	Applicant's WI Seller's Permit No. FEIN Number:	
Submit to municipal clerk.	LICENSE REQUESTED	
For the license period beginning March 10 20 17 ;	TYPE	FEE
ending June 30 20 17	Class A beer	\$ 22 21
	Class B beer	\$ 33,36
TO THE GOVERNING BODY of the: Utiliage of La Crosse	Class C wine Class A liquor	\$
City of	Class A liquor (cider only)	\$ N/A
	Class B liquor	\$ 166.68
County of La Crosse Aldermanic Dist. No. 6 (if required by ordinance)	Reserve Class B liquor	\$
	Class B (wine only) winery	\$
1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY	Publication fee	\$ 20
CORPORATION/NONPROFIT ORGANIZATION	TOTAL FEE	\$ 220.04
hereby makes application for the alcohol beverage license(s) checked above.	egistered name):	
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give r	egistered name).	
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application	ion by each individual applicant h	v each member of a
partnership, and by each officer, director and agent of a corporation or nonprofit organization	a. and by each member/manager a	nd agent of a limited
liability company. List the name, title, and place of residence of each person.		
7:41 Mana U	ome Address Post	Office & Zip Code
President Member Lyle Kundy 533 Main St. La Cr	rescent MN 55	Che WI FILLED
(Hoo Prosident) Member Stephen Robert Kundy 1296 10th. A	ve N Apt B, Unalla	SKA WI SHESU
Secretary/Member	Tractant MIN 550	147
Agent Stephen Robert Kundy 1296 10th Ave N	Ant B Analyst	1154650
Agent Tepnen Robert Rundy 12910 1011 Ave 10	Apr B, William	E 11151450
Directors/Managers 3. Trade Name DACK'S Busine	ss Phone Number 608 - 78	14-4793
3. Trade Name DACK'S Busine 4. Address of Premises DAIS Pearl St. La Crosse WI Post O	ffice & Zip Code > 54601	
 Is individual, partners or agent of corporation/limited liability company subject to completion of the retraining course for this license period? 	esponsible beverage server	. Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?		
 Is the applicant an employe or agent of, or acting on behalf of anyone except the names applicant. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or contribute. 	ol of this business?	. ☐ Yes □ No
8. (a) Corporate/limited liability company applicants only: Insert state W1 and	date 9/26/2016 of registration.	
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes		
(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?		
(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 alc	cohol beverages and records. (Alcohol	ol beverages
may be sold and stored only on the premises described Sales + Service : First, Floc	1 Sturage: Basement /Inde	Colour L. First Second
3	7	Yes No
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? (b) If yes, under what name was license issued? Kundy, Inc.		163
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d)		1
before beginning business? [phone 1-800-937-8864]		♥Yes □ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit?		
[phone (608) 266-2776]		Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin who		
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 knowl-
edge of the signers. Signers agree to operate this business according to lave and that fleetights and responsibilities	es conferred by the license(s), if granted	d, will not be assigned to
edge of the signers. Signers agree to operate this business according to law good that flienghts and responsibilities another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such re	fusal is a misdemeanor and grounds for r	revocation of this license.
SUBSCRIBED AND SWORN TO BEFORE ME	2 / -	
this 21 St day of January 20 170- Walls K	Keinder	
(Decenial Corporation of Corporation	ion/Member/Manager of Limited Liability Co	mpany/Partner/Individual)
Sondra Craves = BLICK 55	Tenly	
My commission expires Miscontinuous (Clerk/Notary Public) My commission expires Miscontinuous (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)		
My commission expires		
TO BE COMPLETED BY CLERK		
Date received and filed Date reported to council/board Date provisional license issued	Signature of Clerk / Deputy Clerk	
with municipal clerk Feb-21, 2017 Feb, 28, 2017	_	
Date license granted Date license issued License number issued		
AT-106 (R. 9-16)	Wiscons	in Department of Revenue