

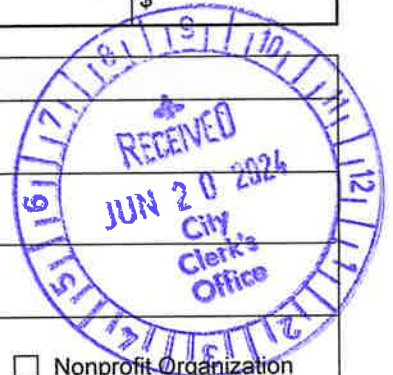
Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____



Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) MK'S 88 Restaurant LLC			
2. Business Trade Name or DBA MK Eats			
3. FEIN 99-1238239		4. Wisconsin Seller's Permit Number 456-1031729360-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 02/28/2024	8. Wisconsin DFI Registration Number
9. Premises Address 412 Main st.			
10. City La Crosse		11. State WI	12. Zip Code 54601
13. County La Crosse		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone (608) 519-1013		17. Premises Email mks88restaurant@gmail.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The building is located at 412 Main St. La Crosse, WI 54601. The bar area is 300 sq. ft. Located behind the bar we have a double sized beverage cooler where the cans and bottles will be kept. Along side the back of the bar we have a kegerator that has 6 tap lines. The extra Beer and liquor will be kept in the back storage room. Receipts and invoices will be kept in back storage room in a cabinet. See attached document for layout.			
20. Mailing Address (if different from premises address) w7872 Windmill st.			
21. City Holmen		22. State WI	23. Zip Code 54636

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Thao	Vang	Agent	(608) 461-1128
Xiong	Mai Kou	owner member	(608) 461-1113
Thao	Yee	member	
Lynn	Thao	member	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Xiong	Mai Kou	
Title	Email	Phone
Owner	mks88restaurant@gmail.com	(608) 461-1113
Signature	Date	
	06/19/20	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
MK 'S 88 RESTAURANT LLC

2. Business Trade Name or DBA
MK EATS

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Thao Vang

4. Email 5. Phone
arsenalvang86@gmail.com (608) 461-1128

6. Home Address
W7872 Windmill st.

7. City 8. State 9. Zip Code 10. Age
Holmen WI 54636 38

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
[Redacted] WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Xiong		First Name Mai kou	M.I.
Title owner	Email mks88restaurant@gmail.com		Phone (608) 461-1113
Signature			Date 06/19/24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Thao		First Name Vang	M.I.
Signature <i>Vang Thao.</i>			Date 06/19/24