



City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: New Renewal For the license period 1/14/2021 to 6/30/2022 Fee: \$ 135

BUSINESS INFORMATION*			
Legal/Real Name: <u>Root Note LLC</u>			
Address of Above: Street <u>115 4th St S.</u>		City <u>La Crosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
PREMISES INFORMATION			
Trade Name of Business: <u>The Root Note</u>			
Address of premises to be Licensed: <u>115 4th St S. La Crosse, WI 54601</u>		Business Phone Number: <u>608-782-7668</u>	
Premises are Owned By: <u>Corrie Brekke</u>			
Address of Owner: Street <u>1215 Winnebago St</u>		City <u>La Crosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <u>Entire dining area of first floor of 115 4th St S. La Crosse, WI</u> <u>Small stage built on N. wall for entertainment area</u>			
Nature of Entertainment: <u>music, reading, comedy, dance</u>			
Other Business Conducted upon the premises: <u>food + Beverage sales</u>			
MANAGER INFORMATION*			
Cabaret Manager Name: First <u>Corrie</u>		Middle <u>Lynne</u>	Last <u>Brekke</u>
Cabaret Manager Home Address: Street <u>1215 Winnebago St</u>		City <u>La Crosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
Home Phone Number of Cabaret Manager: <u>608-797-0654</u>		Daytime Phone Number of Cabaret Manager: <u>608-797-0654</u>	
Was the above person listed as manager on last year's application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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

[Signature]
Signature of Applicant

12/13/21
Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any o following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE

Name: First Middle Last
Carrie Lynne Brekke

Home Address: Street City State Zip Code
1215 Winnebago St LaCrosse WI 54601

Phone Number: Email: Date of Birth: (mm/dd/yyyy)
608-797-0654 the.roothote@gmail.com [Redacted]

Violations:
None

OFFICER/MEMBER

Name: First Middle Last

Home Address: Street City State Zip Code

Phone Number: Email: Date of Birth: (mm/dd/yyyy)

Violations:

OFFICER/MEMBER

Name: First Middle Last

Home Address: Street City State Zip Code

Phone Number: Email: Date of Birth: (mm/dd/yyyy)

Violations:

OFFICER/MEMBER

Name: First Middle Last

Home Address: Street City State Zip Code

Phone Number: Email: Date of Birth: (mm/dd/yyyy)

Violations:

OFFICER/MEMBER

Name: First Middle Last

Home Address: Street City State Zip Code

Phone Number: Email: Date of Birth: (mm/dd/yyyy)

Violations: