

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- Class "A" Beer \$ _____ Class "B" Beer \$ 100
 "Class A" Liquor \$ _____ "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>20.00</u>
Total Fees	\$ <u>620.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
CORP CHAVOLIA CORP

2. Business Trade Name or DBA
TEQUILLAS BARS & GRILL

3. FEIN _____ 4. Wisconsin Seller's Permit Number _____

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization
SIS WEST AVE

7. Date of Organization _____ 8. Wisconsin DFI Registration Number _____

9. Premises Address
SIS WEST AVE

10. City
LA CROSSE WI

11. State
WI

12. Zip Code
54601

13. County
LaCrosse

14. Governing Municipality: City Town Village
of: LaCrosse

15. Aldermanic District _____

16. Premises Phone
608 385 9300

17. Premises Email _____ 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.

Same as 2023

20. Mailing Address (if different from premises address) _____

21. City _____ 22. State _____ 23. Zip Code _____

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. Yes 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
GUERRERO	MIGUEL	OWNER	608.385.1300
		Officer/agent	

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 GUERRERO	First Name MIGUEL	M.I. A
Title OWNER	Email	Phone 608.385.1300
Signature MIGUEL GUERRERO		Date 5/13/24

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)	

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) CHAIOLLA CORP			
2. Business Trade Name or DBA TEQUILLAS BAR & GRILL			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information			
1. Last Name GUERRERO		2. First Name MIGUEL	
		3. M.I.	
4. Relationship to Business (Title) Owned/agent		5. Email miguelguerrero181@netmail.com	6. Phone 608.3859300
7. Home Address 1333 RIDGEWAY ST			
8. City QUANASKA		9. State WI	10. Zip Code 54650
11. Date of Birth			
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 24
			Months 8
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 1802 ADAMS ST		City LACROSSE	State WI
			Zip Code 54601
Previous Address 2 1333 RIDGEWAY ST		City QUANASKA	State WI
			Zip Code 54650
Previous Address 3		City	State
			Zip Code
Previous Address 4		City	State
			Zip Code
Previous Address 5		City	State
			Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State IA	County USA	State CA	County USA
State VI	County USA	State WI	County USA

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature *Miguel Guerrero*

Date *5/15/24*



City of La Crosse, Wisconsin

APPLICATION FOR BEER GARDEN LICENSE

Check One: New Renewal For the license period 7/1/2024 to 6/30/2025 Fee: \$ 160.00

License Class: (Check One) Class "A" Class "B" Class "C" Class "D"
(ZONING RESTRICTION)

BUSINESS INFORMATION			
Legal/Real Name: CHABOLLA CORP			
Address of Above: Street 515 WEST AVE N	City LA CROSSE	State WI	Zip Code 54601
PREMISES INFORMATION			
Trade Name of Business: TEQUILA MEXICAN RESTAURANT			
Address of premises to be Licensed: 515 WEST AVE N			
BEER GARDEN INFORMATION			
Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.) Treated wood deck on the south side of restaurant, approximately 248 square foot wood deck and a 418 square foot cement patio with metal fencing.			
AGENT INFORMATION			
Agent Name: First MIGUEL	Middle ANGEL	Last GUERRERO	
Agent Home Address: Street 515 WEST AVE N	City LA CROSSE	State WI	Zip Code 54601
Home Phone Number: (608) 796-2961	Daytime Phone Number: (608) 796-2961		
Was the above person listed as agent on last year's application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

Miguel Guerrero
Signature of Applicant

5/15/24
Date

A PLAN MUST ACCOMPANY THIS APPLICATION

OFFICE USE ONLY			
For original application: Attach a list of all property owners within 200 feet of the proposed licensed premises.			
Signature:	Date:	Granted:	License #: