

REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE & STREET PRIVILEGE PERMIT  
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

\$100.00 Cash Deposit at City Treasurer on: 4-29-13 License Fee: \$ 100.00 (\*additional \$50.00 tent fee, if applicable)

Receipt #: 104855

The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check appropriate box):  Combination "Class B" Beer & Liquor  Class "B" Beer

CHECK ONE:  Individual  Partnership  Corporation  Limited Liability Company

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): S&T'S chances R LLC

TRADE NAME: Chances R

NAME OF AGENT (If Corporation/LLC): Todd Henry Thompson  
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 417 Jay St. Lacrosse WI 54601

BUSINESS PHONE NUMBER: 608-782-5105

DATE(S) OF EVENT: July 20th 2013 TIME OF EVENT (start & end times): 3pm - 10pm

\*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes  No  If yes, add \$50 to license fee.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

DESCRIBE ENTERTAINMENT TO BE PROVIDED (may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license): None

CONTACT PERSON: Todd Henry Thompson  
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 720 Losey Blvd South Lacrosse WI 54601

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608-780-7209

REASON FOR EXPANSION REQUEST: Reunion Party for Previous Rainbows End

NUMBER OF PEOPLE ATTENDING THIS EVENT: Between 100-200 People

I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol on streets, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

[Signature] 4-29-13  
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date

\_\_\_\_\_  
Signature of SECRETARY of Corporation/Partner/Member Date

For Office Use Only:

Date insurance filed: \_\_\_\_\_  
Introduced - Council Meeting: 10/13/13 (Applicant does not need to attend this meeting)  
Applicant should attend the following meetings:  
J & A Meeting: 7/2/13 Committee of the Whole: 7/9/13 Council Meeting: 7/11/13  
Original - Council Copy Copy - Applicant Copy - Licensing Clerk

We, the undersigned, represent at least two-thirds (2/3) of the abutting and adjacent property owners who are affected by the attached *Application for Expansion of Alcohol Beverage License and Street Privilege Permit* requested by \_\_\_\_\_ . We further state that we support the attached application for the event to be held on \_\_\_\_\_ .

NAME (Print) David Vaslow ADDRESS 423 Jay St La Crosse, WI 54601  
SIGNATURE [Signature] DATE 4/18/13

NAME (Print) Ginger Anderson ADDRESS 415 Jay  
SIGNATURE [Signature] DATE 4/24/13

NAME (Print) William ADDRESS 135 S. 4th  
SIGNATURE Kelsey Williams DATE 4/24/13

NAME (Print) Dave Cornell ADDRESS 133 S 4th  
SIGNATURE David Cornell DATE 4-24-13

NAME (Print) Debra Lash ADDRESS 418 Main St  
SIGNATURE [Signature] DATE 4-24-13

NAME (Print) Corrie Brekke ADDRESS 115<sup>(113)</sup> S. 4th St  
SIGNATURE [Signature] DATE 4/24/13

NAME (Print) Gloria Pischke (GM) ADDRESS 125 S 4th St (moving 5/13/2013)  
SIGNATURE Gloria Pischke (608) 784-3374 DATE 4/24/2013

NAME (Print) Penny Fessler ADDRESS 129 S 4th St  
SIGNATURE Penny Fessler DATE 4/24/13

NAME (Print) Michael R Keil ADDRESS 400 Main Street and 116 5th Ave S 118 5th Ave S\*  
SIGNATURE [Signature] DATE 4.24.13

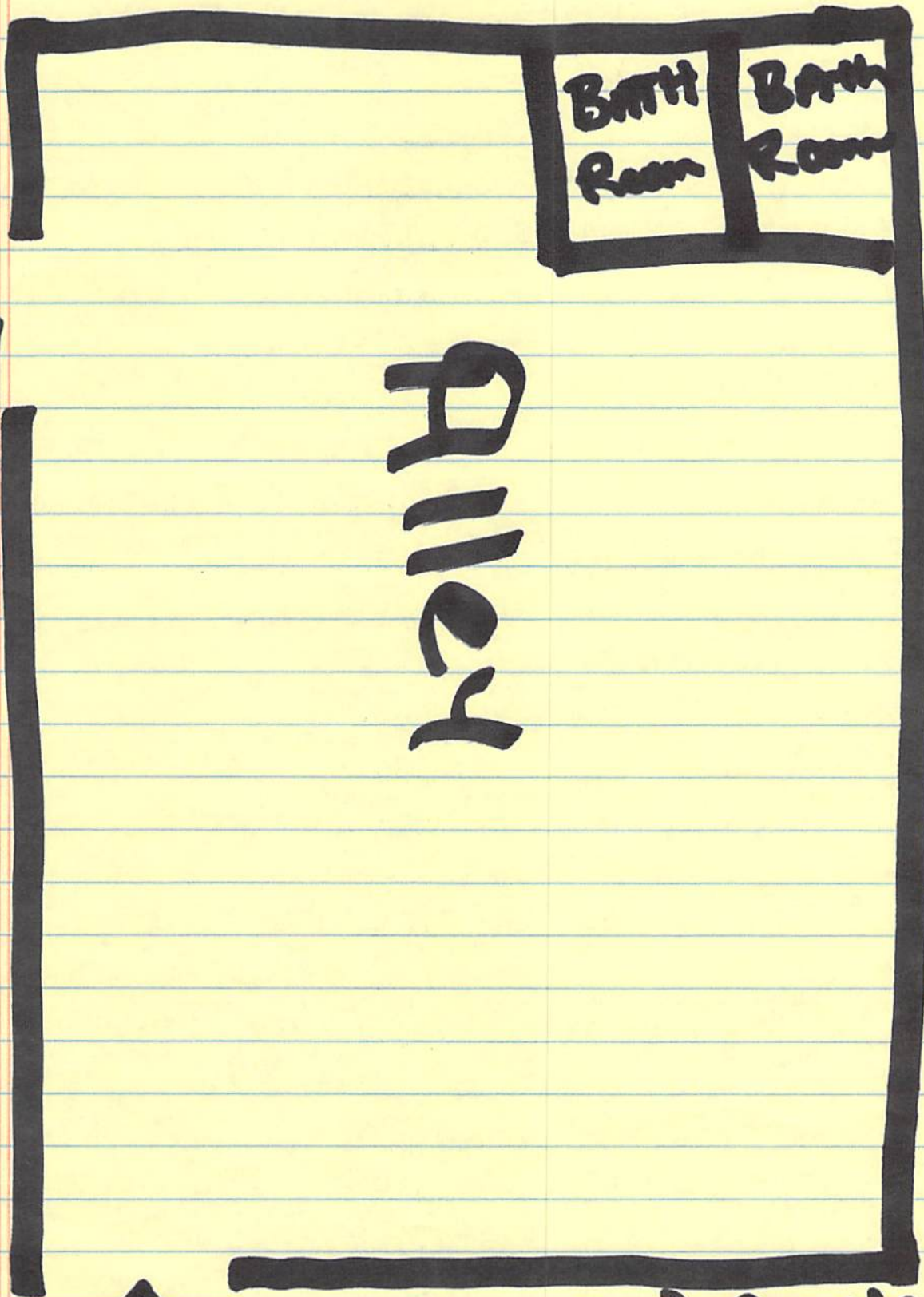
NAME (Print) Jana Thomas ADDRESS 122- S 5th Ave  
SIGNATURE [Signature] DATE 4-29-13

NAME (Print) DAVE BERG ADDRESS 121 4th St S  
SIGNATURE [Signature] DATE 4/29/13

NAME (Print) Josh Post ADDRESS 412 Main St.  
SIGNATURE Josh Post DATE 4/29/13

\* property will be owned by Mike Keil as of 5/15/13

Sign for ~~NO~~ Traffic  
Thru



Back Door Entrance

Hallway

Bath Room

Bath Room

Side Walk Entrance  
Sign for NO ~~Thru~~ Traffic Thru

