



City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: New Renewal For the license period 06/10/2022 to 6/30/2022 Fee: \$ _____

BUSINESS INFORMATION*			
Legal/Real Name: <u>Rivoli 21, LLC</u>			
Address of Above: Street <u>117 4th St. N</u>		City <u>LaCrosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
PREMISES INFORMATION			
Trade Name of Business: <u>Rivoli Theatre</u>			
Address of premises to be Licensed: <u>115 117 4th St. N</u>		Business Phone Number: <u>608 386 9508</u>	
Premises are Owned By: <u>117</u>			
Address of Owner: Street		City	State
			Zip Code
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <u>Theatres, lobby and concession area of 115/117 4th St. N Suites 101, 102 + 103</u>			
Nature of Entertainment: <u>Mouses, pre-recorded music, live entertainment</u>			
Other Business Conducted upon the premises:			
MANAGER INFORMATION*			
Cabaret Manager Name: First <u>Anthony</u>		Middle <u>Donald</u>	Last <u>Reince</u>
Cabaret Manager Home Address: Street <u>1226 11th St. S</u>		City <u>LaCrosse</u>	State <u>WI</u>
		Zip Code <u>54601</u>	
Home Phone Number of Cabaret Manager: <u>608 385 9432</u>		Daytime Phone Number of Cabaret Manager: <u>608 386 9508</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] 5/11/22
Signature of Applicant 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 #:

Personal Data Sheet

(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 of the 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 Anthony		Middle Donald	Last Reince	
Home Address: Street 1226 11th St. S		City LaCrosse	State WI	Zip Code 54601
Phone Number: 608 385 9432	Email: wdcf32@gmail.com		Date of Birth: (mm/dd/yyyy)	
Violations:				
OFFICER/MEMBER				
Name: First Jonathan		Middle Sigurd	Last Gelatt	
Home Address: Street 1504 King Street		City LaCrosse	State WI	Zip Code 54601
Phone Number: 608 498 9704	Email: jonathan.gelatt@gmail.com		Date of Birth: (mm/dd/yyyy)	
Violations: None				
OFFICER/MEMBER				
Name: First Clara		Middle Elizabeth	Last Gelatt	
Home Address: Street 450 Losey Court Lane		City LaCrosse	State WI	Zip Code 54601
Phone Number: 702 714 2554	Email: cgelatt@gmail.com		Date of Birth: (mm/dd/yyyy)	
Violations: None				
OFFICER/MEMBER				
Name: First Philip		Middle Madison	Last Gelatt	
Home Address: Street 51 Adelphi Avenue		City Providence	State RI	Zip Code 02906
Phone Number: 917 686 7526	Email: philip.gelatt@gmail.com		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:				