

City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: New Renewal For the license period	06/10/2022 to 6/3)/2022 Fee:	\$
BUSINESS INFORMATION*			
Legal/Real Name:			
Rivoli ZI, LLC			
Address of Above: Street	City	State	Zip Code
117 4th St. W	Lacrosse	WI	54601
PREMISES INFORMATION			· · · · · · · · · · · · · · · · · · ·
Trade Name of Business:			
"Rivoli Theatre			
Address of premises to be Licensed:		Business Phone N	umber:
115/117 4th st. N		608 386 9	508
Premises are Owned By:			
NM ·			
Address of Owner: Street	City	State	Zip Code
	·		
CABARET INFORMATION			: 2005
Detailed description of cabaret area to be licensed:			
Theatres, lubby and concesson area o	15 1121111 Apr 34	N Suits la,	KS+ 103
Nature of Entertainment:			
Moures, prenecorded music, live enter	tainmen'		
L			
Other Business Conducted upon the premises:			
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Other Business Conducted upon the premises: MANAGER INFORMATION*			
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Other Business Conducted upon the premises: MANAGER INFORMATION* Cabaret Manager Name: First Anthony		Lasi Reince	
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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 CHARG	E			
Name: First	Middle	ι	.ast	
Anthony	Donald		Reince	
Home Address: Street		City	State	Zip Code
12.50 11th 8t.	S	Lacrosse	WI	54601
Phone Number:	Email:		Date of Birth: (mm/de	1/уууу)
608 385 9432	MDCE35@gr	nail·com		
Violations:	<u> </u>			
OFFICER/MEMBER				
Name: First	Middle		Last	
Jonadnan	Sigurd		Gelatt	
	01,00.01	City	State	Zip Code
Home Address: Street 1504 King Street	ا حمد	LaCrosse	WI	54601
	Email:	70.00030	Date of Birth: (mm/d	d/ww)
Phone Number:	jonathan.gelattC	@gmail.com		-77111
6084989704	Journal Jerem	3		
Violations: None				
OFFICER/MEMBER				
Name: First	Middle		Last C L L	
Clara	Eliza	peth	Gelatt	
Home Address: Street		City	State	Zip Code
450 hosen Cou	rb hane	Lacrosse	WI	54601
Phone Number:	Emalle		Date of Birth: (mm/d	id/yyyy)
7027142554	cgelat+0gw	willcom		
Violations:				
None				
OFFICER/MEMBER			-	
Name: First	Middle		Last	
Name: First Philip	Madison		Gelatt	
Home Address: Street	1 .5101001	City	State	Zip Code
51 Adelphi	Avenue	Providence		•
Phone Number:	Email:	1 tour acha		02906
9176867526	Philip. gelatto	sumail ra-	Date of Birth: (mm/c	id/yyyy)
Violations:	Price of Jennie	JANNET II. COMM		
Violations.			·	
OFFICER/MEMBER Name: First				
ivane. Fiist	Middle		Last	
Home Address: Street		City	Ctata	
		•	State	Zip Code
Phone Number:	Email:		Data at Esta	
			Date of Birth: (mm/d	d/yyyy)
Violations:	l		<u></u>	