



City of La Crosse, Wisconsin

APPLICATION FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE AND STREET PRIVILEGE PERMIT

*Must be filed in conjunction with a Special Event Application.

Fee: \$ 250⁰⁰

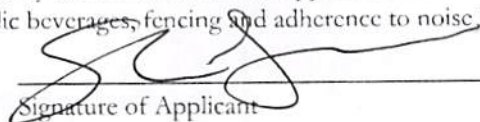
The undersigned licensee requests permission to expand the following license(s) onto public property for the purpose set forth below. Check all license that apply.

- Combination "Class B" Beer & Liquor
- Class "B" Beer
- "Class C" Wine

| BUSINESS INFORMATION | | | |
|---|------------------------|--|-----------------|
| Legal/Real Name: <u>A & S Foster, LLC</u> | | Trade Name: <u>Bottoms Up</u> | |
| Address: <u>500 Copeland Ave.</u> | | | |
| Phone Number: <u>608-782-6008</u> | | Name of Agent (If Corporation/LLC): <u>Shannan Foster</u> | |
| EXPANSION INFORMATION | | | |
| Date of Expansion - must be between Memorial Day and Labor Day: <u>June 4, 2022</u> | | | |
| Time of Expansion - when alcohol will be sold, possessed or consumed in the public way: Start <u>11 Am</u> End <u>11 pm</u> | | | |
| Describe Area of Expansion - Where Alcohol Will be Present: <u>outside bar on street under bridge down to half of block of 500 Copeland Ave.</u> | | | |
| Reason for Expansion: <u>Block Party</u> | | | |
| PERSON IN CHARGE | | | |
| Name: | First | Middle | Last |
| | <u>Shannan</u> | <u>G.</u> | <u>Foster</u> |
| Address: | Street | City | State Zip Code |
| | <u>817 Liberty St.</u> | <u>LaCrosse</u> | <u>WI 54603</u> |
| Phone Number: <u>608-317-0495</u> | | | |

I have obtained written consent of at least two-thirds (2/3rds) of the abutting and adjacent property owners in support of this request for expansion and those signatures are attached hereto.

The above hereby makes application to expand its alcohol beverage license into a public way as described. I further state that I have received a copy of the Conditions for a Street Privilege Permit permitting the sale, possession and consumption of alcohol on a City street 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 of Applicant

2-15-22
 Date

Personal Data Sheet

(Please **PRINT** All Information)

Each Officer/Member AND Event Coordinator 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".

| EVENT COORDINATOR | | | |
|----------------------|----------------------|-----------------------------|---------------------|
| Name: First | | Full Middle | Last |
| Shannan | | Gail | Foster |
| Home Address: Street | | City | State Zip Code |
| 817 Liberty St. | | Lacrosse | WI 54603 |
| Phone Number: | Email: | Date of Birth: (mm/dd/yyyy) | |
| 608.317.0495 | shangf74@hotmail.com | [REDACTED] | |
| Violations: | | | |
| | | | |
| OFFICER/MEMBER | | | |
| Name: First | | Full Middle | Last |
| | | | |
| Home Address: Street | | City | State Zip Code |
| | | | |
| Phone Number: | Email: | Date of Birth: (mm/dd/yyyy) | |
| | | | |
| Violations: | | | |
| | | | |
| OFFICER/MEMBER | | | |
| Name: First | | Full Middle | Last |
| | | | |
| Home Address: Street | | City | State Zip Code |
| | | | |
| Phone Number: | Email: | Date of Birth: (mm/dd/yyyy) | |
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| Violations: | | | |
| | | | |
| OFFICER/MEMBER | | | |
| Name: First | | Full Middle | Last |
| | | | |
| Home Address: Street | | City | State Zip Code |
| | | | |
| Phone Number: | Email: | Date of Birth: (mm/dd/yyyy) | |
| | | | |
| Violations: | | | |
| | | | |

We, the undersigned, represent at least two-thirds (2/3rds) of the abutting and adjacent property owners who are affected by the **Application for Expansion of Alcohol Beverage License and Street Privilege Permit** requested by Bottoms Up. We further state that we support the event to be held on Sat. June 4, 22

NAME (Print) MILES WILKINS ADDRESS 502-528 Copeland Ave
SIGNATURE Miles Wilkins DATE 2/2/22

NAME (Print) YVONNE GURMAN ADDRESS 510 COPELAND AVE
SIGNATURE Yvonne Gorman DATE 2-8-22

NAME (Print) Tonya Rusk ADDRESS 415 Island St.
SIGNATURE Tonya M. Rusk DATE 2-15-22

NAME (Print) Matt Johnson ADDRESS 411e Island St
SIGNATURE Matt Johnson DATE 2-15-22

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

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NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

Shannan
608 317 0495

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