

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Feb 20 15 ending June 30 20 15

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 41.70
Class C wine	\$
Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 208.35
Reserve Class B liquor	\$
Publication fee	\$ 20.00
TOTAL FEE	\$ 270.05

TO THE GOVERNING BODY of the: Town of Village of City of } La Crosse

County of La Crosse Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): The Old Crow La Crosse LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Ryan Russell Johnson</u>	<u>731 Shelly Ln Onalaska WI</u>	<u>54650</u>
Vice President/Member	<u>Michael David Garder</u>	<u>1108 New Port Lane Helms WI</u>	<u>54636</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Michael David Garder</u>	<u>1108 New Port Lane Helms WI</u>	<u>54636</u>
Directors/Managers			

3. Trade Name The Old Crow Business Phone Number _____
 4. Address of Premises 100 3rd St. S. Post Office & Zip Code La Crosse WI 54601

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI City and date of registration La Crosse, WI 20064 - 2015
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? 1-74575 - THE OLD CROW LA CROSSE LLC Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales/Service 5800 sq ft 370.05

10. Legal description (omit if street address is given above): _____ Yes No
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 21st day of Jan

JAY A. CHRISTIANSON
 (Clerk/Notary Public)
 My commission expires 3-13-2016

Michael D. Garder 1-21-15
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Michael D. Garder 1-21-15
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>1-21-15</u>	Date reported to councilboard	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

State Room Lacrosse LLC
Howies Lacrosse LLC

Sales/Service : approx 5800 sqft
main level - all but kitchen

Storage: basement
Kitchen on main level

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Lacrosse County of Lacrosse

The undersigned duly authorized officer(s)/members/managers of The Old Crow Lacrosse LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as The Old Crow
(trade name)

located at 100 3rd St S

appoints Michael David Gorder
(name of appointed agent)
1108 Newport Lane Holmen WI 54636
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
State Room Lacrosse LLC Howies Lacrosse LLC

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 31 yrs

Place of residence last year Lacrosse (Jan-Sept 2014) (Sept to Present) Holmen

For: The Old Crow Lacrosse LLC
(name of corporation/organization/limited liability company)
By: [Signature] 1-21-15
(signature of Officer/Member/Manager)
And: [Signature] 1-21-15
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Michael David Gorder, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 1-21-15 1-21-15 Agent's age _____
(signature of agent) (date)
1108 Newport Lane Holmen WI 54636 Date of birth. _____
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 1/21/15 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE FOR ALCOHOL BEVERAGE LICENSE APPLICATION

Training Course Completed? Yes, Date: No, Hold License Other: Current Agent @ STARC Room

Last Name <u>Gorder</u>		First Name <u>Michael</u>		FULL Middle Name <u>David</u>	
Home Street Address <u>1108 Newport Lane</u>		City <u>Holmen</u>		State <u>WI</u>	
Home Phone Number <u>920-988-6746</u>		Daytime Phone Number <u>920-988-6746</u>		Age <u>31</u>	
Date of Birth <u>01-13-2016</u>		Date of Birth <u>01-13-2016</u>		Place of Birth <u>Columbus, WI</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

Member / Agent of The Old Crow La Crosse LLC at 100 3rd St South
 (Name of Corp, Limited Liability Company or Nonprofit Organization) Address of Business

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date?
31 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?
 Yes No
- If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending
Underage drinking 1st offense 2002, underage 1st offense 2003

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?
 Yes No

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?
 Yes No
 If yes, identify: STARC Room La Crosse LLC
Howers La Crosse LLC

- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin?
 Yes No

If yes, identify: _____
 (NAME OF WHOLESALER LICENSEE OR PERMITTEE)

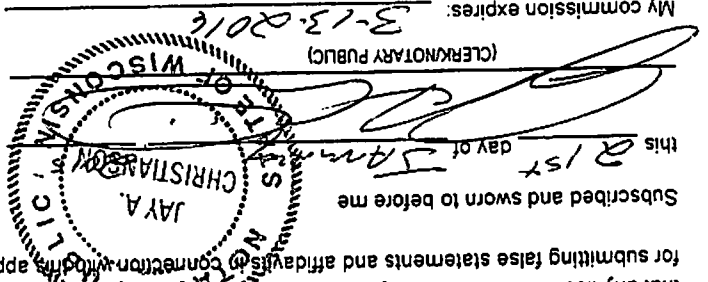
 (ADDRESS BY CITY AND COUNTY)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Stark Room La Crosse</u>	Employer's Address <u>125 3rd St N La Crosse</u>	Employed From and To <u>2009 - Present</u>
<u>Howers La Crosse</u>	<u>1125 La Crosse St La Crosse</u>	<u>2011 - Present</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this 21st day of January
 2016



SIGNATURE OF NAMED INDIVIDUAL AND DATE

[Signature]
01-15

My commission expires: 3-13-2016

AUXILIARY QUESTIONNAIRE FOR ALCOHOL BEVERAGE LICENSE APPLICATION

Training Course Completed?:

- Yes, Date:
 No, Hold License
 Other: *N/A*

Last Name <i>Johnson</i>		First Name <i>RYAN</i>		FULL Middle Name <i>Russell</i>	
Home Street Address <i>737 Shelly Lane</i>		City <i>Onalaska</i>		State <i>WI</i>	Zip Code <i>54650</i>
Home Phone Number	Daytime Phone Number <i>608 317 5353</i>	Age	Date of Birth	Place of Birth <i>La Crosse, WI</i>	

The above named individual provides the following informaton as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 A member of a partnership which is making application for an alcohol beverage license.

_____ of *The Old Crow LaCrosse LLC*
(Officer/Director/Member/Manager/Agent) (Name of Corp, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

*100 3rd St. S.
La Crosse, WI
54601*

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? *36 years*
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.
None 2008?
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify: *State Farm LaCrosse, LLC* *Harrier LaCrosse, LLC*
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify: _____ (NAME OF WHOLESALE LICENSEE OR PERMITTEE) _____ (ADDRESS BY CITY AND COUNTY)

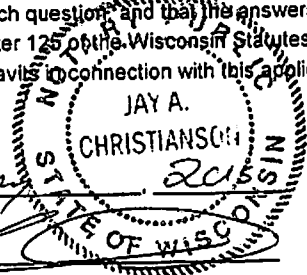
6. Named individual must list in chronological order last two employers.
- | Employer's Name | Employer's Address | Employed From and To |
|----------------------|--------------------|----------------------|
| <i>Self-Employed</i> | | <i>2004-Present</i> |

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this *21st* day of *JANUARY* 20*15*

[Signature]
(CLERK/NOTARY PUBLIC)



[Signature] *1-21-15*
 SIGNATURE OF NAMED INDIVIDUAL AND DATE

My commission expires: *3-13-2016*

Original: X

License Fee: \$100.00

Renewal:

Invoice #: 200064

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: The Old Crow Lacrosse LLC

Address of above: 731 Shelly Lane Onalaska WI 54650

Trade name of business: The Old Crow

Address of premises to be licensed: 100 3rd St S

Business phone number: _____

Detailed description of cabaret area to be licensed: SE corner of main level

Premises are owned by: Main Street Renaissance

Address of owner: 504 Main Street

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Michael David Gorder

Home address of Cabaret Manager: 1108 Newport Lane Holmen WI 54636

Home phone number of Cabaret Manager: 920-988-6746

Daytime phone number of Cabaret Manager: "

Date of Birth of Cabaret Manager: _____

CITY OF LA CROSSE, WI
General Billing - 200064 - 2015
44-0053 Mark P. 01/21/2015 10:22AM
174575 - THE OLD CROW LA CROSSE LLC
Payment Amount: 370.05

Was the above person listed as manager on last year's application? Yes _____ No X (new)

Other business to be conducted upon the premises: restaurant

Nature of entertainment: live music

License Period: February 13, 2015 to June 30, 2015

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 Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Michael D Gorder 1-21-15
(Signature of applicant & date)

OFFICE USE ONLY: _____ Munis Customer #: 174575

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y/N If yes, attach a list of those lands.

Signature and date _____

Granted: _____ License #: _____