

TO THE JUDICIARY AND ADMINISTRATION COMMITTEE

Following is a list of various licenses to be considered by your committee at the February 4, 2014 meeting:

**2013-14 License Year**

**Kwik Trip, Inc. d/b/a Kwik Trip #391, 1333 Rose St**  
*Agent Change – John M. Wahl*

**Kwik Trip, Inc. d/b/a Kwik Trip #624, 530 West Ave N**  
*Agent Change – Cristin M. Schelbe*

**Kwik Trip, Inc. d/b/a Kwik Trip #762, 1133 George St W**  
*Agent Change – Laura A. Stephenson*

**Kwik Trip, Inc. d/b/a Kwik Trip #771, 71 Copeland Ave**  
*Agent Change – Thomas R. Lee*

**Kwik Trip, Inc. d/b/a Kwik Trip #773, 2506 South Ave**  
*Agent Change – Stephanie L. Klonecki*

**Jimmy's North Star, Inc. d/b/a Jimmy's North Star, 1732 George St**  
*Indoor Cabaret*

**Kristi Chamberlain-Lindsey d/b/a Kristi's Place, 732 Rose St**  
*Secondhand Article*

**Beverage Operators  
2013-2015**

*See attached*

## 2013 - 15 BEVERAGE OPERATORS

<u>No.</u>	<u>Last Name</u>	<u>First Name MI</u>	<u>Current Address</u>	<u>City, State Zip</u>
787	BENISH	JEFFREY M	56 COPELAND AVE RM 306	LA CROSSE WI 54603
788	BRANDSTADTER	VINCENT W	1009 STATE ST #1	LA CROSSE WI 54601
789	BYRON	NICHOLAS J	239 HAWES AVE	SHORTVIEW MN 55126
790	CHILD	CHARLES P	2014 7TH ST S	LA CROSSE WI 54601
791	DEVINE	HEIDI L	413 7TH AVE N	ONALASKA WI 54650
792	DOLLE	JACOB S	1317 VINE ST #3	LA CROSSE WI 54601
793	EMMERTH	KIRSTY A	1929 VICTORY ST #12	LA CROSSE WI 54601
794	FIELDHOUSE	HEATHER L	135 8TH ST S APT 5	LA CROSSE WI 54601
795	FRANK	RYAN R	825 MARKET ST	LA CROSSE WI 54601
796	GUTIERREZ	KIMBERLY A	1225 VINE ST APT 13	LA CROSSE WI 54601
797	HADFIELD	SARAH F	302 10TH ST N APT 3	LA CROSSE WI 54601
798	IVERSON	NICOLE M	N5331 LOCUST DR	WEST SALEM WI 54669
799	JOHNSON	IRIS K	624 11TH ST N	LA CROSSE WI 54601
800	JOHNSON	SHELBY L	220 11TH ST N	LA CROSSE WI 54601
801	KIRSCHBAUM	KASEY M	1242 JACKSON ST	LA CROSSE WI 54601
802	KJOS	KEITH G	1448 KANE ST	LA CROSSE WI 5460
803	KOVATCH	ACIEONA E	1520 FERRY ST	LA CROSSE WI 54601
804	KRUEGER	MAKAYLA R	3136 MAPLE DRIVE #105	LA CROSSE WI 54601
805	LUECK	LESA R	3846 CLIFFSIDE DRIVE	LA CROSSE WI 54601
806	MEIDL	ANTHONY J	400 GILLETTE ST APT 216	LA CROSSE WI 54603
807	MONSON	SHANNON E	1022 STATE ST	LA CROSSE WI 54601
808	PETERSON	JON T	315 PEARL ST	LA CROSSE WI 54601
809	PROCTOR	ASHLEY L	3503 BROOK LN	ONALASKA WI 54650
810	REED	DASHAWN C	919 VINE ST APT 7	LA CROSSE WI 54601
811	RESHEL	KIMBERLY A	1124 LIBERTY ST	LA CROSSE WI 54603
812	RICHARDSON	HANNAH J	1112 6TH ST S	LA CROSSE WI 54601
813	RODEN	JULIA E	127 20TH ST S	LA CROSSE WI 54601
814	SIEBERT	MYNX E	1320 PINECREST LN #6	ONALASKA WI 54650
815	SOSIN	WALTER R III	141 18TH AVE S	WISCONSIN RAPIDS WI 54495
816	TIETZ	LEANNE S	2029 STATE ST	LA CROSSE WI 54601
817	TRACHSEL	JESSICA R	1020 GROVE ST APT 7	LA CROSSE WI 54601
818	WELLENDORF	BRIAN J	1335 MARKET ST	LA CROSSE WI 54601

## 2013 - 15 BEVERAGE OPERATORS

<u>No.</u>	<u>Last Name</u>	<u>First Name MI</u>	<u>Current Address</u>	<u>City, State Zip</u>
819	WELLENDORF	JEFF D	30804 OLD HICKORY LANE	LA CRESCENT MN 55947
820	WILLIAMS	AARON D	1014 8TH ST S	LA CROSSE WI 54601
821	WILSON	SARA J	N2530 CTY RD FA	LA CROSSE WI 54601

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

**COPY**

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  **City of La Crosse** County of **La Crosse**  
 Village of \_\_\_\_\_  
 City

The undersigned duly authorized officer(s)/members/managers of **Kwik Trip, Inc.**  
(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 **Kwik Trip 391**  
(trade name)

located at **1333 Rose Street, La Crosse, WI 54603**

appoints **John M. Wahl**  
(name of appointed agent)

**308 Heather Pl., 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).  
**Agent Kwik Trip #822, Onalaska, WI, until new agent appointment approved.**

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No **Since 1977**  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year **308 Heather Pl., Holmen, WI 54636**

For: **Kwik Trip, Inc.**  
(name of corporation/organization/limited liability company)

By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, **John M. Wahl**, 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.

 **308 Heather Pl., Holmen, WI 54636**  
(signature of agent) (date) **1-24-14**  
(home address of agent) Agent's age **40**  
Date of birth **4/12/1973**

**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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# Agent Change Check Off Sheet

Agent Name: John M. Wahl

Trade Name: Kwik Trip #391

Address: 1333 Rose St.

Council Meeting: 2-13-2014

Municipal Court: HOLD /  OK

Police: HOLD /  OK

HOLD /  OK

Training Course Completed:

Date: 1/21/14

Comments:

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**Christianson, Jay**

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**From:** Putz, Lisa  
**Sent:** Friday, January 31, 2014 11:25 AM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #391

**Christianson, Jay**

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**From:** Rose, Sue  
**Sent:** Thursday, January 30, 2014 4:01 PM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #391



COPY

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 City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc. (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 Kwik Trip 624 (trade name)

located at 530 West Ave. N., La Crosse, WI 54601

appoints Cristin M. Schelbe (name of appointed agent)

815 Vista Ct. N., La Crosse, WI 54601 (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?

[X] Yes [ ] No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent of Kwik Trip #383, Onalaska, WI until new agent appointment approved.

Is applicant agent subject to completion of the responsible beverage server training course? [ ] Yes [X] No Since 2002

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 815 Vista Ct. N., La Crosse, WI 54601

For: Kwik Trip, Inc. (name of corporation/organization/limited liability company)

By: [Signature] (signature of Officer/Member/Manager)

And: [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Cristin M. Schelbe (print/type agent's name), hereby accept this appointment as agent for the

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 of agent]

815 Vista Ct. N., La Crosse, WI 54601 (home address of agent)

1-16-13 (date)

Agent's age 32

Date of birth [Redacted]

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 1/23/14 by AG [Signature] Title Police Chief (town chair, village president, police chief)



# Agent Change Check Off Sheet

Agent Name: Cristin Schelbe

Trade Name: Kwik Trip #624

Address: 530 WEST AVE N

Council Meeting: 2-13-14

Municipal Court: HOLD /  OK

Police: HOLD /  OK

HOLD /  OK

Training Course Completed:

Date: Holds license & is current  
Agent in Onabaska K.T. #383

Comments:

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Christianson, Jay

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**From:** Putz, Lisa  
**Sent:** Thursday, January 23, 2014 6:57 PM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #624

**Christianson, Jay**

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**From:** Rose, Sue  
**Sent:** Thursday, January 23, 2014 3:11 PM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #624

COPY

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 City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc. (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 Kwik Trip #762 (trade name)

located at 1133 W. George St., La Crosse, WI 54603

appoints Laura A. Stephenson (name of appointed agent)

1902 Henry Johns Blvd., Bangor, WI 54614 (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?

[X] Yes [ ] No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent of Kwik Trip #846 in Coon Valley, WI until new agent appointment approved.

Is applicant agent subject to completion of the responsible beverage server training course? [ ] Yes [X] No All my life

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 1902 Henry Johns Blvd., Bangor, WI 54614

For: Kwik Trip, Inc. (name of corporation/organization/limited liability company)
By: [Signature] (signature of Officer/Member/Manager)
And: [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Laura A. Stephenson (print/type agent's name), hereby accept this appointment as agent for the 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 of agent: [Signature]
Date: 1/8/14
Agent's age: 29
Date of birth: 11/19/1984
Address: 1902 Henry Johns Blvd., Bangor, WI 54614 (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 1/16/14 by [Signature] Title Police Chief (town chair, village president, police chief)

0.00

CITY OF LA CROSSE, WI
General Billing - 112040 - 2014
000326-0017 Mark P. 01/15/2014 11:58AM
3426 KWIK TRIP, INC
Payment Amount

# Agent Change Check Off Sheet

Agent Name: Laura Stephenson

Trade Name: Kwik Trip #762

Address: 1133 George St W

Council Meeting: 2/13/14

Municipal Court: HOLD / OK

Police: HOLD / OK

HOLD / OK

Training Course Completed:

Date: holds <sup>current</sup> license

Comments:

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Christianson, Jay

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From: Putz, Lisa  
Sent: Thursday, January 23, 2014 6:40 PM  
To: Christianson, Jay  
Subject: Approve: AGENT CHANGE for: Kwik Trip #762 - 2-13-14

Christianson, Jay

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**From:** Rose, Sue  
**Sent:** Thursday, January 16, 2014 10:58 AM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #762 - 2-13-14



COPY

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 City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc. (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

Kwik Trip 771 (trade name)

located at 71 Copeland Ave., La Crosse, WI 54603

appoints Thomas R. Lee (name of appointed agent)

1103 Western Ave., 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?

[X] Yes [ ] No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent of Kwik Trip 311 in Holmen until new agent approved

Is applicant agent subject to completion of the responsible beverage server training course? [ ] Yes [X] No Since 1987

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 1103 Western Ave., Holmen, WI 54636

For: Kwik Trip, Inc. (name of corporation/organization/limited liability company)

By: [Signature] (signature of Officer/Member/Manager)

And: [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Thomas R. Lee (print/type agent's name), hereby accept this appointment as agent for the 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] (signature of agent) 1-7-14 (date) Agent's age 55 Date of birth [Redacted] 1103 Western Ave., Holmen, WI 54636 (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 1/16/14 by [Signature] (signature of proper local official) Title Police Chief (town chair, village president, police chief)

CITY OF LA CROSSE, WI General Billing - 112039 - 2014 000326-0016 Mark P. 01/15/2014 11:56AM 3436 - KWIK TRIP, INC

# Agent Change Check Off Sheet

Agent Name: Thomas Lee

Trade Name: Kwik Trip #771

Address: 71 Copeland Ave

Council Meeting: 2/13/14

Municipal Court: HOLD / OK

Police: HOLD / OK

HOLD / OK

Training Course Completed:

Date: Holds License  
Current

Comments:

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**Christianson, Jay**

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**From:** Putz, Lisa  
**Sent:** Thursday, January 23, 2014 6:52 PM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #771 - 2-13-14

Christianson, Jay

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**From:** Rose, Sue  
**Sent:** Thursday, January 16, 2014 10:58 AM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #771 - 2-13-14

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

**COPY**

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 City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.  
(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

Kwik Trip 773  
(trade name)

located at 2506 South Ave., La Crosse, WI 54601

appoints Stephanie L. Klonecki  
(name of appointed agent)

2883 - 29<sup>th</sup> Ct., La Crosse, WI 54601  
(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).  
**Agent Kwik Trip #643, Onalaska, WI until new agent appointment approved**

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

Place of residence last year 2883 - 29<sup>th</sup> Ct., La Crosse, WI 54601

For: Kwik Trip, Inc.  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: [Signature]  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Stephanie L. Klonecki, 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.

Stephanie Klonecki 1/9/14 Agent's age 36  
(signature of agent) (date)

2883 - 29<sup>th</sup> Ct., La Crosse, WI 54601 Date of birth 6/9/1977  
(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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

# Agent Change Check Off Sheet

Agent Name: Stephanie L. Klonecki

Trade Name: Kwik Trip #773

Address: 2506 South Ave

Council Meeting: 2/13/14

Municipal Court: HOLD /  OK

Police: HOLD /  OK

HOLD /  OK

Training Course Completed:

Date: Current Agent @ Store #643 in ONALASKA

Comments:

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## Christianson, Jay

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**From:** Rose, Sue  
**Sent:** Thursday, January 30, 2014 4:01 PM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #773



**Christianson, Jay**

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**From:** Putz, Lisa  
**Sent:** Friday, January 31, 2014 11:25 AM  
**To:** Christianson, Jay  
**Subject:** Approve: AGENT CHANGE for: Kwik Trip #773

Original: **X COPY**  
Renewal:

License Fee: \$100.00

Invoice #: 111573

**APPLICATION FOR INDOOR CABARET LICENSE**

Legal Name: Jimmy's North Star Inc.

Address of above: 1732 George St.

Trade name of business: Jimmy's North Star

Address of premises to be licensed: 1732 George St.

Business phone number: 608 317-9865

Detailed description of cabaret area to be licensed: indoor Main floor of premise.

Premises are owned by: James Salvatore Powell

Address of owner: ~~777~~ to 1101 Callaway Ct

Name of manager (FIRST, MIDDLE & LAST): James Salvatore Powell

Home address of manager: 1101 Callaway Ct

Home phone number: 608 317-9865

Daytime phone number: 608 317-9865

Date of Birth: ~~5-21-73~~

Was the above person listed as manager on last year's application?  Yes  No

Other business to be conducted upon the premises: TAVERN

Nature of entertainment: Live Music

License Period: Feb 14, 2014 - June 30, 2014

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 20 of the Code of Ordinances for the City of La Crosse.

*James Powell*  
(Signature of applicant & date) 12-30-13

CITY OF LA CROSSE, WI  
General Billing - 111573 - 2013  
000266-0260 Mark P. 12/30/2013 04:41PM  
118678 - JIMMY'S NORTH STAR INC  
Payment Amount: 100.00

**OFFICE USE ONLY:** Munis Customer #:

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 *Teri Lehrke*

Granted: 2/13/14 License #: 83

# Check Off Sheet

Name: Jimmy's North Star, Inc.

Trade Name: Jimmy's North Star

Address: 1732 George St.

Council Meeting: Feb. 13, 2014

Type of License: Indoor Cabaret

Fire: HOLD /  OK  
Health: HOLD /  OK  
Inspection: HOLD /  OK  
Water: HOLD /  OK  
Municipal Court: HOLD /  OK  
Police: HOLD /  OK  
Attorney: HOLD /  OK

HOLD /  Beer and/or Liquor Bills  
HOLD /  Taxes - Personal Property ONLY and/or Room Tax  
HOLD /  Training Course Completed (Individual/Partnership/Agent):  
Date: Current Agent  
HOLD /  WI Seller's Permit Number: \_\_\_\_\_

Mailed from City Clerk's Office on: \_\_\_\_\_

Comments:

Baillie Requested 1/2/14  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Christianson, Jay**

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**From:** Buddenhagen, Brenda  
**Sent:** Thursday, January 02, 2014 10:09 AM  
**To:** Christianson, Jay  
**Subject:** Approve: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

## Christianson, Jay

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**From:** Doug Schaefer <dschaefer@lacrossecounty.org>  
**Sent:** Friday, January 03, 2014 4:26 PM  
**To:** Christianson, Jay  
**Subject:** RE: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14  
**Attachments:** image001.jpg

Recommend yes Complies yes

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**From:** Christianson, Jay [mailto:ChristiansonJ@cityoflacrosse.org]  
**Sent:** Thursday, January 02, 2014 9:00 AM  
**To:** Amy Stevens; David Sawvell; Doug Schaefer; Jim Steinhoff; Katie Dempsey; Sam Welch; Erickson, Tina; Andrew Gavrilos; Padesky, Mark; Putz, Lisa; Randy Rank; Rose, Sue; Joanne Ruegg; Schott, Avrie; Snyder, Craig; ZZ Inspection  
**Cc:** Brenda Buddenhagen  
**Subject:** Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

Please review the attached information and reply back to me by **Monday, February 3, 2014**.

Please contact Jimmy @ 317-9865 to make an appointment to inspect the premise.

Any questions please feel free to contact me.



Jay Christianson  
License & Elections Clerk III  
400 La Crosse Street, La Crosse, WI 54601  
608-789-7553 phone  
608-789-7510 main line  
608-789-7552 fax  
[christiansonj@cityoflacrosse.org](mailto:christiansonj@cityoflacrosse.org)  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

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**Christianson, Jay**

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**From:** Erickson, Tina  
**Sent:** Thursday, January 02, 2014 10:18 AM  
**To:** Christianson, Jay  
**Subject:** Approve: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

**Christianson, Jay**

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**From:** Putz, Lisa  
**Sent:** Wednesday, January 15, 2014 3:29 PM  
**To:** Christianson, Jay  
**Subject:** Approve: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14



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**Christianson, Jay**

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**From:** Rose, Sue  
**Sent:** Thursday, January 02, 2014 11:43 AM  
**To:** Christianson, Jay  
**Subject:** Approve: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

Christianson, Jay

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**From:** Snyder, Craig  
**Sent:** Thursday, January 02, 2014 1:47 PM  
**To:** Christianson, Jay  
**Subject:** Approve: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

**Christianson, Jay**

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**From:** Thielen, Brent  
**Sent:** Monday, February 03, 2014 11:58 AM  
**To:** Christianson, Jay  
**Subject:** Approve: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

New: 
Renewal:

COPY

License Fee: \$27.50

Receipt #: 112123



APPLICATION FOR
PAWNBROKER, SECONDHAND ARTICLE DEALER,
SECONDHAND JEWELRY DEALER AND MALL/FLEA MARKET
LICENSE

Grid of license options: Pawnbroker \$210.00, Secondhand Article \$27.50, Secondhand Jewelry \$30.00, Mall/Flea Market \$165.00 (2 yrs)

Real/Legal name of Applicant: Kristi Chamberlain-Lindsey

Business name & address: Kristi's Place, 732 Rose St La Crosse WI 54603
La Crosse business address: (If different from address at left)

Business telephone number: (608) 799-8090

Owner's name & address: Kristi Chamberlain-Lindsey PO Box 761 Onalaska WI 54650

Owner's telephone number: (608) 799-8090

Manager's name & address: Kristi Chamberlain-Lindsey PO Box 761 Onalaska WI 54650

Manager's telephone number: (608) 799-8090

Building owner's name & address: Todd & Kimberly Demaiffe 2716 S Meadowlark Ln, Admen WI 54636

Building owner's telephone number: (608) 790-5330

License Period: 1 year Feb 14, 2014 thru June 30, 2014

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of ss. 134.71, 943.34, 948.62 or 948.63, Wis. Statutes.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Kristi Chamberlain-Lindsey 1-15-14
(Signature of Applicant and Date)

THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED

OFFICE USE ONLY Granted: License #: 11

Secondhand Article/Jewelry

Name: Kristi Chamberlain-Lindsey

Trade Name: Kristi's Place

Address: 732 Rose ST, La Crosse WI 54603

Council Meeting: 2-13-14

Secondhand Article       Secondhand Jewelry

Police: HOLD / OK

Municipal Court: HOLD / OK

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Christianson, Jay**

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**From:** Rose, Sue  
**Sent:** Tuesday, January 21, 2014 11:45 AM  
**To:** Christianson, Jay  
**Subject:** Approve: Kristi Chamberlain-Lindsey - Kristi's Place - SECONDHAND ARTICLE - 2-13-14

## Christianson, Jay

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**From:** Putz, Lisa  
**Sent:** Wednesday, January 29, 2014 1:35 PM  
**To:** Christianson, Jay  
**Subject:** Approve: Kristi Chamberlain-Lindsey - Kristi's Place - SECONDHAND ARTICLE - 2-13-14