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>	Last Name	First Name MI	Current Address	City, State Zip
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>	First Name MI	Current Address	City, State Zip
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

CITY OF LA CROSSE, WI Seneral Billing - 112340 - 2014 000385-0021 Donna 0. 01/29/2014 04:48PM 3427 - KWIK TRIP INC

Wisconsin Department of Revenue

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. Town City of La Crosse County of To the governing body of: Village Kwik Trip, Inc. The undersigned duly authorized officer(s)/members/managers of (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) 1333 Rose Street, La Crosse, WI 54603 located at John M. Wahl appoints (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? 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? Since 1977 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin 308 Heather Pl., Holmen, WI 54636 Place of residence last year Kwik Trip, Inc. corporation/organization/limited liability company) ature of Officer/Member/Manager) Eignature of Officer/Member/Manager) ACCEPTANCE BY AGENT 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. -24-14 Agent's age 308 Heather Pl., 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.

Assessed on	hv		Title	
Approved on	БУ	(signature of proper local official)	10.002000 4	(town chair, village president, police chief)

AT 104 (P. 4 09)

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:

From:

Putz, Lisa

Sent:

Friday, January 31, 2014 11:25 AM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #391

From:

Rose, Sue

Sent:

Thursday, January 30, 2014 4:01 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #391



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

Submit to municipal clerk.

All corporations/organization liquor must appoint an age	ons or limited liability ont. The following quest	companies applying for a	license to sell fermented r	nalt beverages a	nd/or intoxicating
of the corporation/organiza					
local official.	_	and a military in the	, , , , , , , , , , , , , , , , , , , ,		
	Town	City of La Crosse		La Crosse	
To the governing body of:	☐ Village of _		County of		
	City				
The undersigned duly auth	norized officer(s)/mem	bers/managers of	Kwik Trip, Inc.		
,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(r)	egistered name of corporation/org	anization or limited lia	bility company)
a corporation/organization	or limited liability comp	oany making application fo	or an alcohol beverage licer	nse for a premise	s known as
	Kwik Tı				
		(trade name)			
located at530	West Ave. N., La C	rosse, WI 54601			
	tin M. Schelbe				
appoints		(name of appointed a	gent)		
815 V	Vista Ct. N., La Cro	osse, WI 54601			
		(home address of appoint	ed agent)		
to act for the corporation/o	organization/limited liab	ility company with full aut	hority and control of the pro-	emises and of all	business relative
to alcohol beverages cond					
organization/limited liability	company having or a	pplying for a beer and/or li	quor license for any other l	location in Wisco	nsin?
Yes No If Agent of Kwik T	so, indicate the corpora Γrip #383, Onalaska	ate name(s)/limited liabilit a, WI until new agent	y company(ies) and munici appointment approved	pality(ies).	
Is applicant agent subject t	to completion of the re-	enoneible beverage serve	r training course?	es 🕅 No	
3	51 VO. 18 CA. 184 LO. 184 LO. 184 CA. 184 LO.			and the same of th	Since 2002
How long immediately prio	r to making this applica	ation has the applicant ag	ent resided continuously in	WISCONSIN?	
Place of residence last ye	ar 815 Vista Ct.	N., La Crosse, WI 54	1601		
-	or: Kwik Trip, In	nc.			
FC	or		on/organization/limited liability con	npany)	
Е Е	3v: 10. 12	401/2	_		
		/ Ksignatur	e of Officer/Member/Manager)		
An	nd: ///	1/m/)			-
	- V /	(signatur	e of Officer/Member/Manager)		
		ACCEPTANCE BY	AGENT		
L	Cristin M. Schelb	e	, hereby accer	ot this appointmen	nt as agent for the
.,	(print/type agent's	name)	644-55 NS (600NS) 2949 € 21-46552 (600NS)	801 000 X 200 X 90 X 90 X 90 X 90 X 90 X 90	30
corporation/organization/li	imited liability compar	ny and assume full response	onsibility for the conduct	of all business r	elative to alcohol
beverages conducted on t	the premises for the co	orporation/organization/lir	nited liability company.		
Mislun	1. XVELIZI	2	1-16-13	Agent's age _	32
815 Vista Cf	(signature of agent) . N., La Crosse, WI	54601	(date)		9/27/1981
010 115111 01				Date of birth	
William Co.	(home addre	ess of agent)			
		/AL OF AGENT BY MUN cannot sign on behalf of			
I hereby certify that I have	checked municipal ar	nd state criminal records.	To the best of my knowled	lge, with the avai	lable information.
the character, record and	reputation are satisfac	ctory and have no object	tion to the agent appointed	1.	
Anyonder 1271	M by A6	the seld!	Title	Patro C	L. L
Approved on	1 by	(signature of proper local off		(town chair, village pr	esident, police chieft
27 - 100 d 001				Missennin C	enartment of Pavenue

Agent Change Check Off Sheet

Agent Name: Cristin Schelbe
Trade Name: Kwik TR:p #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 licence & is Cullett Agent in ONAloska K.T. #383
Comments: Agent in Onalosky KT. 1383

From:

Putz, Lisa

Sent:

Thursday, January 23, 2014 6:57 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #624

From:

Rose, Sue

Sent:

Thursday, January 23, 2014 3:11 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #624





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

Submit to municipal clerk.

All corporations/organization liquor must appoint an ager of the corporation/organiza	nt. The following	questions must be answ	ered by the agent.	The appointme	ent must be signed	by the officer(s)
local official.		1.7	370.0			
To the governing body of:	☐ Town☐ Village☐	of	Crosse	County of	La Crosse	
	City					
The undersigned duly auth	orized officer(s)	/members/managers of	Kwik Tr	A distribution of the second second	anization or limited liab	ility company)
a corporation/organization	or limited liability	company making applic	ation for an alcoho	I beverage licer	nse for a premises	known as
Kw	ik Trip #762					
		t., La Crosse, WI 54	name) 603			
Lar appoints	ura A. Stephei					
100	2 Hanry John	(name of app s Blvd., Bangor, WI 5	oointed agent) 5.4.6.1.4			
	a riem y Johns		f appointed agent)			
to act for the corporation/or to alcohol beverages condi organization/limited liability	ucted therein. Is	applicant agent present	ly acting in that ca	pacity or reques	sting approval for	any corporation/
Yes No Ifs Agent of Kwik Trip	o, indicate the c #846 in Coon	orporate name(s)/limited Valley, WI until new	liability company(i agent appointn	ies) and municip nent approve	pality(ies). d .	
Is applicant agent subject to	o completion of t	the responsible beverage	e server training co	ourse? Y	es X No	4 II I:fo
How long immediately prior					Wisconsin?	All my life
Place of residence last yea	1902 H	enry Johns Blvd., Ba	ngor, w1 54014			
Fo	or: Kwik Tr	-				
	16	N (napre of c	coporation/organization	n/limited liability con	npany)	
В	y. — 🕎	felly	grature ob Officer/Me	ember/Manager)		
And	d: ////	WWW/	ym			
	7410	0	Agnature of Officer/Me	ember/Manager)		
		ACCEPTANO	CE BY AGENT			
1	Laura A. Step	henson		hereby accep	ot this appointment	as agention the
	(print/type a	agent's name)				26 ym
corporation/organization/li	mited liability co	ompany and assume fu	Il responsibility fo	r the conduct of	of all business re	
beverages conducted on t	ble premises for	the corporation/organiza	ation/limited liabilit	y company.		₽ €
7/1/Wal XX	MAN an	X0~	1/8/1	4	Agent's age	29 Pmou
1902 Henry Johns	Blvd., Bangor,	WI 54614) (date	, ·	Date of birth	11/19/1984 R
	(hon	ne address of agent)		10		þ. m.
	AP (C	PROVAL OF AGENT B	Y MUNICIPAL AU half of Municipal	JTHORITY Official)		n
I hereby certify that I have	checked munic	ipal and state criminal re	cords. To the best	t of my knowled	lge, with the availa	able information,
the character, record and	reputation are s	atisfactory and I have no	objection to the a	agent appointed	1.	
Approved on \\(\text{l\Gamma}\)	by _A(~ lessoble be	Plocal official)	Title	Price Chi	L.f.
AT-104 (R. 4-63)					Wisconsin De	partment of Revenue
						9

Agent Change Check Off Sheet

Agent Name: Laura Stephenson
Trade Name: Kwik Trip #762
Address: 1/33 Grenage S& W
Council Meeting: $\frac{2/13/14}{}$
Municipal Court: HOLD / OK
Police: HOLD OK
HOLD IOK Training Course Completed:
Date: Holds Vice-e
Comments:

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

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





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 intoxical liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the office of the corporation/organization or members/managers of a limited liability company and the recommendation made by the prolocal official.
To the governing body of: Town City of La Crosse La Crosse
I d. T. in Inc
The undersigned duly authorized officer(s)/members/managers of [KWIK TPIP, TRC. [(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
located at 71 Copeland Ave., La Crosse, WI 54603
Thomas R. Lee
(name of appointed agent) 1103 Western Ave., Holmen, WI 54636
(home address of appointed agent)
organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? Yes
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
For: Kwik Trip, Inc.
By / / / / / / / / / / / / / / / / / / /
(signature of Officer/Member/Manager)
And: (signal of Officer/Mamber/Manager)
ACCEPTANCE BY AGENT Thomas R. Lee hereby accept this appointment as agent to
/I,
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to all beverages conducted on the premises for the corporation/organization/limited liability company.
TR Lee 1-7-14 Agent's age 55
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	dulin	by X	Mureld !.	Titl	le Police	e Chiet
A b	(dote)	S. F. Magamanana	(signature of proper loc	al officiali	(town cha	ür, village president, police chiefi

AT 101 (F 4 CV)

Wisconsin Department of Revenue

Agent Change Check Off Sheet

Agent Name: Thomas Lee
Trade Name: Kwik Trip #77/
Address: 71 Copeland Pine
Council Meeting: $\frac{2/13/14}{}$
Municipal Court: HOLD OK
Police: HOLD OK
HOLD / OK Training Course Completed:
Date: Holds Mirenc
Comments:

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

From:

Rose, Sue

Sent:

Thursday, January 16, 2014 10:58 AM

To:

Subject:

Christianson, Jay
Approve: AGENT CHANGE for: Kwik Trip #771 - 2-13-14

CITY OF LA CROSSE, WI Seneral Billing - 112342 - 2014 000385-0020 Donna O. 01/29/2014 04:47PM 3428 - KWIK TRIP INC

Nisconsin Department of Revenue

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

Submit to municipal clerk.				100	AND WALL	
All corporations/organization liquor must appoint an ager of the corporation/organizational official.	nt. The following questions	s must be answere	ed by the agent. The ap	pointment	must be signe	d by the officer(s)
local official.	Town	City of La Cr	osse		La Crosse	
To the governing body of	☐ Village of		Cou	nty of		
The condensation and distribution		olmanagars of	Kwik Trip, In	ıc.		
The undersigned duly auth	onzed officer(s)/members	s/managers or	(registered name of corpo		zation or limited lia	ibility company)
a corporation/organization	or limited liability company	making application	on for an alcohol bever	age license	for a premise	s known as
Kw	ik Trip 773					
	6 South Ave., La Cross	(trade nar se, WI 54601	me)			
TO PERSONAL PROPERTY IN COLUMN TO THE PERSON	nanie L. Klonecki					
appoints		(name of appoin	ted agent)			
288	83 – 29 th Ct., La Cross		E 5			
4		(home address of ap	pointed agent)			
to act for the corporation/or to alcohol beverages cond- organization/limited liability	ucted therein. Is applicant	t agent presently a	acting in that capacity of	or requesti	ng approval fo	r any corporation/
Yes No If s	so, indicate the corporate wik Trip #643, Onalas	name(s)/limited lia	ability company(ies) and w agent appointmen	d municipa nt approv	lity(ies). red	
				Yes	-t	
Is applicant agent subject t				_		All my life
How long immediately prior				Jousiy III vv	ISCONSIII:	
Place of residence last year	ar 2883 – 29 th C	t., La Crosse, V	VI 54601			
Fo	Kwik Trip, Inc.					
-	" - 1/1	name of gorp	ooration/organization/limited i	liability compa	iny)	
В	By: Cfeffel	6 1/12	mature of Officer/Member/Ma	anager)		
An	id: /////	741/	1/2			
	. 4100	(sig	patyre of Officer/Member/Ma	anager)		
		ACCEPTANCE	BY AGENT			
	Stephanie L. Klonecki		, here	by accept	his appointme	nt as agent for the
5	(print/type agent's nam					
corporation/organization/li beverages conducted on t	mited liability company a the premises for the corpo	and assume full r oration/organization	responsibility for the conflimited liability comp	conduct of cany.	all business r	elative to alcohol
Stephanie	Monedie	2	1/9/12		Agent's age _	36
$2883 - 29^{th}$ Ct., I	La Crosse, WI 54601		1000000		Date of birth	[6/9/1977]
	(home address	of agent)				
	APPROVAL (Clerk can	OF AGENT BY I	MUNICIPAL AUTHOR alf of Municipal Offici	al)		
I hereby certify that I have the character, record and	checked municipal and s	state criminal reco	ords. To the best of my bjection to the agent a	knowledg	e, with the ava	ilable information
	T.			Title		
Approved on(date)	by	(signature of proper los	cal official)		wn chair, village p	resident, police chieft

AT-104 (\$ 4 (9))

Agent Change Check Off Sheet

Agent Name: Stephanie L. Klonecki
Trade Name: Kwik Trip #773
Address: 2506 South Ane
Council Meeting: $\frac{2/13/14}{}$
Municipal Court: HOLD LOR
Police: HOLD / OK
HOLD / OK Training Course Completed:
Date: Current Ayent @ Stone #643 in ONALASKA
Comments:

From:

Rose, Sue

Sent:

Thursday, January 30, 2014 4:01 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #773

From:

Putz, Lisa

Sent:

To:

Subject:

Friday, January 31, 2014 11:25 AM
Christianson, Jay
Approve: AGENT CHANGE for: Kwik Trip #773

License Fee: \$100.00

Invoice #: 1/1573

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	
Address of premises to be licensed: 1737 George st	
Business phone number: 608 317 -9865	
Detailed description of cabaret area to be licensed: In door Main flow of premise.	
Premises are owned by: James Salvatine Powell	
Address of owner: ### to 1/0/ Callaway of Name of manager (FIRST, MIDDLE & LAST): James Salvatore Powell	
Name of manager (FIRST, MIDDLE & LAST): James Salvatore Howell	
Home address of manager: 1101 Pallaway CT	
Home phone number: 101 Callaway CT Home phone number: 608 317 - 4865	
Daytime phone number:	
Date of Birth:	
Was the above person listed as manager on last year's application? Yes No	
Other business to be conducted upon the premises: $IAUEDN$	
Nature of entertainment: Live Music	
License Period: Feb 14, 2014 - June 30, 2014	0002 0002 1186
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 Ea Copursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse.	rosse 2 9
12-30-13	E O E O
(Signature of applicant & date)	S. A. A. S. E. S.
OFFICE USE ONLY: Munis Customer #:	, WI 1115 P. 1115
For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises Y 1 If yes, attach a list of those lands.	73 - 1 12/30 18TAR
Signature and date	2013 0/2013
Granted: 2/13/14 License #: 83	
100.00	04:41PM

Check Off Sheet

Name: Jimmy's North Star, INC.
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 / OK Beer and/or Liquor Bills
HOLD / OK Taxes - Personal Property ONLY and/or Room Tax
HOLD / OK Training Course Completed (Individual/Partnership/Agent):
Date: Correct Agent
HOLD IOK WI Seller's Permit Number:
Mailed from City Clerk's Office on:
Comments: Berther Requested 1/2/14

From:

Sent: To: Buddenhagen, Brenda

Thursday, January 02, 2014 10:09 AM

Christianson, Jay

Subject:

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

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

www.cityoflacrosse.org

PRIVATE AND CONFIDENTIAL

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From:

Erickson, Tina

Sent:

Thursday, January 02, 2014 10:18 AM

To:

Christianson, Jay

Subject:

From:

Putz, Lisa

Sent:

Wednesday, January 15, 2014 3:29 PM

To:

Christianson, Jay

Subject:

From:

Rose, Sue

Sent:

Thursday, January 02, 2014 11:43 AM

To:

Christianson, Jay

Subject:

From:

Snyder, Craig

Sent:

Thursday, January 02, 2014 1:47 PM

To:

Christianson, Jay

Subject:

From:

Thielen, Brent

Sent:

Monday, February 03, 2014 11:58 AM

To:

Christianson, Jay

Subject:

New: Renewal:

Owner's telephone number:



License Fee: \$27.50

Receipt #: //2 APPLICATION FOR PAWNBROKER, SECONDHAND ARTICLE DEALER SECONDHAND JEWELRY DEALER AND MALL/FLEA MARKET 2 1 2014 LICENSE CITY CLERK'S PHECE Secondhand Secondhand Jewelry Pawnbroker Article \$30.00 \$210.00 \$27.50 Real/Legal name of Applicant: Mristi Chamberlain-Lindsey La Crosse business address: (If different from address at left) Business name & address: crosse Business telephone number: (608) 799-8090 Owner's name & address: (608) 199 - 8090

Manager's name & address:

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

Building owner's name & address: Todd KYMberly DeMai 7165 medaular 54636

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

2014 thru June 30, 2014 License Period:

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.

> hambelleul)-1 (Signature of Applicant and Date)

THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED

OFFICE USE ONLY Granted:	License #:
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Name: Kisti Chamberlain - Lindsey

Trade Name: Kisti's Place

Address: 732 Rose ST La Crosse WE 54603

Council Meeting: 2-13-14

Secondhand Article Secondhand Jewelry

Police: HOLD / OK)

Municipal Court: Manicipal Court: Comments:

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

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