RESOLUTION

BE IT RESOLVED by the Common Council of the City of La Crosse that the following classes of licenses be and the same are hereby granted to each of the following named for the remainder of the 2012-13 license period, and that the beer and/or liquor license for previous licensee for said premise be hereby cancelled (unless otherwise noted below).

BE IT FURTHER RESOLVED that the City Clerk be directed to issue such license only after reports of full compliance have been received from the Police, Health, Fire and Inspection Departments with respect to the Municipal Code.

BE IT FURTHER RESOLVED that the all Class "B" Beer, Class "A" Beer, "Class A" Liquor, "Class C" Wine, Combination "Class B" Beer and Liquor, and Combination "Class B" Beer and Liquor Club Licenses be placed in use within ninety (90) days of the granting thereof, unless and until the applicant advises the Common Council in writing within such ninety (90) day period that s/he is unable to complete the Code compliance requirements established by the various departments which are deemed necessary to bring the premises into compliance.

BE IT FURTHER RESOLVED that the City Clerk is authorized to issue the following license only after payment of all fees, taxes, and charges of the City of La Crosse against the license and licensed premises, if any, and upon compliance with beer and liquor credit laws.

MATTS PREMIER CATERING LLC dba Premier Catering at 1906 Ward Ave, La Crosse, WI 54601

Class "B" Beer "Class C" Wine

HAR PETROLEUM LLC dba Clark On Rose at 2308 Rose St, La Crosse, WI 54601

Class "A" Beer Class "A" Liquor

SHREE SAHAJANAND LLC dba River Jack's Restaurant and Lounge at 1835 Rose St, La Crosse, WI 54603

Combination "Class B" Beer & Liquor Indoor Cabaret
Outdoor Cabaret

WALLESER ESTATES LLC dba Cass Bar at 620 Cass St, La Crosse, WI 54601

Special Event Outdoor Cabaret (Event Date: May 11th, 2013)

ELECTRONICS ETC LLC dba Electronics Etc. at 58 Copeland Ave, La Crosse, WI 54603 Secondhand Article

COLLECTORS ROADSHOW dba Collectors Roadshow at La Crosse Center, 300 harbor View Plaza, La Crosse WI 54601

Secondhand Article Secondhand Jewelry

Beverage Operators 2012-14

| Last Name | First Name & MI | Current Address | City, State & Zip |
|------------|-----------------|-------------------------|----------------------|
| BEHRINGER | NICHOLAS F | W7751 CTY RD ZB | ONALASKA WI 54650 |
| BREHM | CHRISTA K | 521 10TH ST N APT 3 | LA CROSSE WI 54601 |
| CLEVELAND | KELLI R | 225 LIBERTY ST APT 16 | LA CROSSE WI 54603 |
| DAGNON | COLIN J | 632 N 3RD ST | LA CRESCENT MN 55947 |
| DAGNON | COURTNEY R | 632 N 3RD ST | LA CRESCENT MN 55947 |
| DOHERTY | MAXWELL J | 715 8TH ST S APT 11 | LA CROSSE WI 54601 |
| EDELMAN | AARON A | 1317 MADISON ST | LA CROSSE WI 54601 |
| ESSER | CARLEY L | 1325 JACKSON ST | LA CROSSE WI 54601 |
| FELLENZ | MORGAN L | 211 CHURCH DR | LA CROSSE WI 54603 |
| FELLERS | BRIAN J | 133 15TH ST S | LA CROSSE WI 54601 |
| FORMANEK | RYAN M | 2118 JOHNSON ST | LA CROSSE WI 54601 |
| FRYE | KIMBERLY J | 714 POWELL ST | LA CROSSE WI 54603 |
| GOLABOWSKI | KELSIE M | 702 FRANCISCAN WAY | LA CROSSE WI 54601 |
| GROSSE | AMANDA M | 725 11TH ST N APT 310 | LA CROSSE WI 54601 |
| HAMMEL | NOLAN M | 118 10TH ST S | LA CROSSE WI 54601 |
| IVERSON | KRISTINE M | 3126 MAPLE DR APT 206 | LA CROSSE WI 54601 |
| KASZYNSKI | ZACHARY A | 518 FERRY ST | LA CROSSE WI 54601 |
| KOHL | JAMIE N | 1325 JACKSON ST | LA CROSSE WI 54601 |
| KOVACEVICH | LAURA M | 1002 EASTWOOD ST | HOLMEN WI 54636 |
| LANGEN | PAIGE M | 326 S SUNNYSIDE DR | CALEDONIA MN 55921 |
| LITWIN | BRADLEY M | W8201 WOODVIEW DR | ONALASKA WI 54650 |
| MCCOY | DARLENE L | 921 FARNAM ST | LA CROSSE WI 54601 |
| MLENAR | JULEE A | 936 REDFIELD ST | LA CROSSE WI 54601 |
| MUELLER | JONATHON R | 1325 KANE ST | LA CROSSE WI 54603 |
| PARR | GARY N | 12764 STATE 26 | BROWNSVILLE MN 55919 |
| PHILLIP | ABBY L | 325 15TH ST N | LA CROSSE WI 54601 |
| RAND | REBECCA A | W4996 MILL ST | LA CROSSE WI 54601 |
| RIGGALL | CHAD J | 5123 33RD ST S | LA CROSSE WI 54601 |
| ROCKWELL | RACHEL N | 1331 STATE ST | LA CROSSE WI 54601 |
| SALEY | BRITTANY A | 1912 E MAIN ST | ONALASKA WI 54650 |
| SCHURZ | CODY A | 330 ROSE ST | LA CROSSE WI 54603 |
| SHORT | HAYLEY L | 1135 STATE ST APT #7 | LA CROSSE WI 54601 |
| SJOLANDER | JENNELLE J | 1641 GEORGE ST | LA CROSSE WI 54603 |
| STACY | AMANDA J | 403 PROSPECT ST | LA CROSSE WI 54603 |
| STEIGER | CAMILLE A | 11535 QUICK LAND LN | BAGLEY WI 53801 |
| STETTER | HANNAH J | 1003 CALLAWAY CT | LA CROSSE WI 54603 |
| STRONG | BENJAMIN M | 2026 CROOKED AVE | HOLMEN WI 54636 |
| TIETGEN | ASHLEY A | 1100 LA CROSSE ST APT 4 | LA CROSSE WI 54601 |
| VONARX | CARLIE R | 11 LEONE LANE | BROWNSVILLE MN 55919 |
| WESTLEY | ELIZABETH A | 1606 LIBERTY ST | LA CROSSE WI 54603 |
| WIDIKER | CASSIE A | 124 11TH ST S APT 4 | LA CROSSE WI 54601 |

| Last Name | First Name & MI | Current Address | City, State & Zip |
|-----------|-----------------|-----------------------------|--------------------|
| WILHELM | KATHLEEN M | 2012 MARKET ST | LA CROSSE WI 54601 |
| WITT | DARRIN T | 335 LEE ST | HOLMEN WI 54636 |
| WOLDEN | PATRICIA K | 1710 LA CRESCENT ST APT 103 | LA CROSSE WI 54603 |
| WOLMAN | JAY I | 913 PEBBLE BEACH DR | MADISON WI 53717 |
| ZENZ | MICHAEL A | 435 5TH AVE S | LA CROSSE WI 54601 |

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| | | NEVED 4 OF 1 101 | ENGE ADD | 10471011 | TYPE | OF LICENSE | FEE |
|--|---|--|--|---|---|---|--|
| | | BEVERAGE LICI | | | Class | C Wine | \$16.68 |
| For the license peri | od beginning: M | AY 10, 2013 | WI SP#: | | Class | B Beer | \$16.68,500 |
| | And ending: J | UNE 30, 2013 | FEIN: | 68-0642654 | Publica | ation Fee | \$ 15.00 / 20.00 |
| 1. The named IN | IDIVIDUAL | PARTNERSHIP | CORP | LLC X | TOTAL | . FEE | \$63.36 |
| | | alcohol beverage licens | e(s) checked abo | ove. | INVOI | ce#: 20002 | |
| 2. Name (Individua | al/partners give la | ast name, first, FULL mid | idle; corporations | s/limited liability companie | s give regis | tered name): // | \$600 CUST # |
| • | | | | IER CATERING LLC | | | |
| An "Auxiliary Ques director and agent each person. | stionnaire," Form AT of a corporation or | I-103, must be completed an nonprofit organization, and b | nd attached to this a by each member/ma | pplication by each individual a anager and agent of a limited i | applicant, by e liability compa | each member of a partner any. List the name, title, a | ship, and by each officer, nd place of residence of |
| lite - | Name (Include I | FULL middle name) | | Home Address, City, Stat | e, Zip Code | ; | |
| President/Member | , | HN NUNEMACHER | | N5432 EAGLE CIR LN | | | |
| P/Member | | | | | D | UPLICATE | RECEIP |
| Secretary/Member | | | | | | | |
| reasurer/Member | | | | | | TY CLERK/LICENS 75842 001 13042 | |
| Agent | MATTHEW JOI | HN NUNEMACHER | | N5432 EAGLE CIR LN | | 13 4:52PM PAID | - |
| Directors | NONE | | | | | | |
| 3. Trade Name | PREMIER (| CATERING | | Business | Phone # | (608) 782-0886 | |
| 4. Address of Pre | emises 1906 V | VARD AVE | | City, State | a, Zip Code | LA CROSSE, WI 5 | 4601 |
| including living | cription: Describe quarters, if used the premises des | I, for the sales, service a | ere alcohol beve nd/or storage of | erages are to be sold and alcohol beverages and re | stored. The cords. (Alc | e applicant must includ ohol beverages may be | e all rooms e sold and |
| _ | | | TORAGE: WAL | K IN AND STAND UP CO | OOLER IN K | ITCHEN. | |
| | | | | | | | |
| | | | | | | | |
| | | | | responsible beverage ser | | | period? Yes Mino |
| 7. Is the applican | it an employe or a | agent of, or acting on bel | half of anyone ex | cept the named applicant | t? 🔟 Ye | s 🗹 No | |
| 8. Does any other | r alcohol beverag | je retail licensee or whol | esale permittee l | have any interest in or cor | ntrol of this | business? 🔟 Yes | ☑ No |
| 9. (a) Corporate | /ilmited liability co | ompany applicants only: | Insert state W | and date 2012 | of reg | gistration. | |
| (b) Is applican | nt corporation/limi | ited liability company a s | ubsidiary of any | other corporation or limite | d liability co | mpany? 🔟 Yes 🛂 | No |
| (c) Does the c | corporation, or an | y officer, director, stockh | older or agent or | limited liability company, Yes No NOTE: Expl | or any mer | nber/manager or agen | t hold any |
| · · | | for the sale of liquor or | | | _ | | |
| (b) If yes, und | er what name wa | as license issued? | | | | | |
| 11. Does the appli [Phone = 1-80 | | they must file a Special € | Occupational Ta | x return (TTB form 5630.5 | i) before be | ginning business? | |
| 12. Does the appli [Phone = (608 | | a Wisconsin Seller's Per ☑ Yes 및 No | mit must be app | lied for and issued in the | same name | as that shown in Sect | ion 2, above? |
| 13. Is the applicar | nt indebted to any | wholesaler beyond 15 d | lays for beer or 3 | 0 days for liquor? | Yes 🔽 | No | |
| icense. | | | aw, the applicant standing by law and the licant man stan; codeemed a fatuse to | ates that each of the above quat the rights and responsibiliting reporate officer(s), members/mp permit inspection. Such refu | uestions has t es conferred l nanagers of L isal is a miad | peen truthfully answered to by the license(s), if grante imited Llability Companies meanor and grounds for i | 21/2.112 |
| SUBSCRIBED ANI | D SWORN TO B | EFORE ME O CHRIS | | President of Corporation/N | Member/Mana | ger of LLC/Partner/Individu | Date: |
| | (Clerk/Notary | - 3 6 h. | يتين وي المراس ا | Secretary of Corporation/I | Member/Mana | ger of LLC/Partner | Date: |
| My commission ex | | | Manning | <u> </u> | | | Date: |
| TO BE COMPLET | ED BY CITY CLE | ERK: | | Additional Partner(s)/Men | nber/Manager | of LLC, if Any | |
| Date received and filed | with municipal clerk | 4-24-13 | Date reported to c | counci/board | Da | te provisional license issue | |
| Date license grant | | Date license issued | | License number issued | Sig | nature of Clerk/Deputy Cle | tk |

| | | | | 10471011 | TYPE OF LICENSE | FEE |
|--|--|--|--|--|---|--|
| | | BEVERAGE LIC | | ICATION | Class Beer | \$ 16.68 |
| r the license perio | | | WI SP#: | | Class Liquor Publication Fee | \$ 83.6 ⁴ |
| | And ending: J | UNE 30, 2013 | FEIN: | | TOTAL FEE | \$ 15.00 x J |
| The named IN hereby makes a | | PARTNERSHIP (alcohol beverage lice | | LLC X | INVOICE #: | 130.5 |
| - | | | | | s give registered name): | |
| Hame (moreoce | appartitets give it | ast name, mot, rock n | | OLEUM LLC | | |
| An "Auxiliary Ques officer, director and residence of each | d agent of a corpora | T-103, must be completed ation or nonprofit organiza | and attached to this an | dication by each individual a | pplicant, by each member of a partr mited liability company. List the na | nership, and by each me, title, and place of |
| e | Name (Include | FULL middle name) | н | ome Address, City, State | e, Zip Code DUFLICAT | E RECEI |
| sident/Member | MUNIR AKHTE | | 5 | 107 CO RD B, LA CROS | SE WI 54601 | E KECEI |
| Member | NONE | | | | 405 CITY CLERK/LICEN | |
| cretary/Member | NONE | | | | PG205339423 001 1304 | |
| asurer/Member | NONE | | | | | |
| ent ectors | MUNIR AKHTE | ER HUSSAIN | 5 | 107 CTH B, LA CROSS | E WI 54601 | |
| Trade Name | CLARK O | N ROSE | | Business | Phone # (608) 781-4881 | |
| Address of Pr | emises 2308 | ROSE ST | | City, State | e, Zip Code LA CROSSE WI | 54601 |
| including living | cription: Describ g quarters, if use the premises de | ed, for the sales, servic | where alcohol bever e and/or storage of a | ages are to be sold and Icohol beverages and re | stored. The applicant must inc cords. (Alcohol beverages ma | clude all rooms by be sold and |
| | | | ckout, 15 door walk-i | n cooler. Storage: Lock | ed in back room. | , |
| | | | | | | |
| | | | | | | |
| l | | | | *** | and the line of the line | nee period? [2] Ves 5 |
| | | | | | ver training course for this lice | nse period? ⊡Yes § |
| | | | | esponsible beverage sec cept the named applican | | nse period? PYes § |
| . Is the applica | nt an employe or | r agent of, or acting on | behalf of anyone ex | | t? ☐ Yes ☑ No | |
| Is the application. Does any other | nt an employe or er alcohol bevera | r agent of, or acting on age retail licensee or w | behalf of anyone exc holesale permittee h | cept the named applican | t? | |
| Does any other | nt an employe or er alcohol bevera e/limited liability o | r agent of, or acting on age retail licensee or we company applicants on | behalf of anyone exc holesale permittee h lly: Insert state | cept the named applican ave any interest in or co WI and date | t? Yes No ntrol of this business? \(\bar{D} \) 01/09/2013 of re | ∕es ☑ No gistration. |
| Does any other (a) Corporate (b) Is applica | nt an employe or er alcohol bevera e/limited liability on the corporation/line | r agent of, or acting on age retail licensee or w company applicants on mited liability company | behalf of anyone exc cholesale permittee hally: Insert state a subsidiary of any o | cept the named applican ave any interest in or co WI and date other corporation or limite | t? Yes No ntrol of this business? 01/09/2013 of re ed liability company? Yes | es ☑ No egistration. S ☑ No |
| Does any other (a) Corporate (b) Is applicate (c) Does the | nt an employe of er alcohol bevera e/limited liability of int corporation/lin corporation, or a | r agent of, or acting on age retail licensee or w company applicants on mited liability company any officer, director, sto | behalf of anyone exc cholesale permittee haly: Insert state a subsidiary of any conckholder or agent or | cept the named applican ave any interest in or co WI and date other corporation or limite limited liability company | t? Yes No ntrol of this business? \(\overline{\pi} \) 01/09/2013 of re ad liability company? \(\overline{\pi} \) or any member/manager or a | egistration. S ✓ No gent hold any |
| Does any other (a) Corporate (b) Is applicate (c) Does the interest in any | nt an employe of er alcohol bevera e/limited liability of int corporation/lin corporation, or a y other alcohol be | r agent of, or acting on age retail licensee or w company applicants on mited liability company any officer, director, stoewerage license or pen | behalf of anyone exceptions of the sale permittee hally: Insert state a subsidiary of any concluder or agent or mit in Wisconsin | cept the named applicant ave any interest in or complete with the corporation or limited limited liability company the Note: Explored the corporation of the limited liability company the Note: Explored the liability company the limited liability company the li | t? Yes No ntrol of this business? 01/09/2013 of re ed liability company? or any member/manager or a sain on reverse side any YES answer | egistration. S ✓ No gent hold any |
| Does any other (a) Corporate (b) Is application (c) Does the interest in any (a) Was this | nt an employe of er alcohol bevera e/limited liability of int corporation/lin corporation, or a y other alcohol be premises license | r agent of, or acting on age retail licensee or w company applicants on mited liability company any officer, director, stoewards license or per ed for the sale of liquor | behalf of anyone exceptions are the sale permittee half: Insert state a subsidiary of any conception or agent or mit in Wisconsin representation or beer during the permits in the sale of the sale o | cept the named applicant ave any interest in or complete with the corporation or limited liability company and the corporation of the corporation | t? Yes No ntrol of this business? \(\overline{\pi} \) 01/09/2013 of re ad liability company? \(\overline{\pi} \) or any member/manager or a | egistration. S ✓ No gent hold any |
| Does any other (a) Corporate (b) Is applicate (c) Does the interest in any (a) Was this (b) If yes, un | nt an employe of er alcohol bevera e/limited liability of int corporation/lin corporation, or a y other alcohol be premises license der what name v | r agent of, or acting on age retail licensee or we company applicants on mited liability company any officer, director, storeverage license or pended for the sale of liquor was license issued? | tholesale permittee hally: Insert state a subsidiary of any concident or agent or mit in Wisconsin or beer during the p MEMA PETROL | cept the named applicant ave any interest in or complete with the corporation or limited limited liability company as In Note: Explast license year? | t? Yes No ntrol of this business? 01/09/2013 of re ed liability company? or any member/manager or a ain on reverse side any YES answer Yes No | res No No egistration. S No No negent hold any for 6, 7, 8 and 9 above. |
| Does any other (a) Corporate (b) Is applicate (c) Does the interest in any (a) Was this (b) If yes, un Does the app | er alcohol bevera e/limited liability of int corporation/lin corporation, or a y other alcohol be premises licensed der what name volicant understand | r agent of, or acting on age retail licensee or we company applicants on mited liability company any officer, director, storeverage license or per ed for the sale of liquor was license issued? | tholesale permittee hally: Insert state a subsidiary of any concident or agent or mit in Wisconsin or beer during the p MEMA PETROL | cept the named applicant ave any interest in or complete with the corporation or limited limited liability company as I No NOTE: Explast license year? | t? Yes No ntrol of this business? 01/09/2013 of re ed liability company? or any member/manager or a sain on reverse side any YES answer | res No No egistration. S No No negent hold any for 6, 7, 8 and 9 above. |
| . Is the applicant Does any other (a) Corporate (b) Is applicant (c) Does the interest in any (a) Was this (b) If yes, unit (p) Does the applicant (p) Phone = 1-8 | er alcohol bevera e/limited liability of int corporation/lin corporation, or a y other alcohol be premises licensed der what name volicant understant 00-937-8864] | r agent of, or acting on age retail licensee or we company applicants on mited liability company any officer, director, storeverage license or per ed for the sale of liquor was license issued? If they must file a Spector of the sale of liquor was license issued? | behalf of anyone exceptions of the sale permittee hally: Insert state a subsidiary of any conception of the subsidiary of any conception of the permit in Wisconsin of the permit in Wisconsin the Per | we any interest in or co WI and date other corporation or limite limited liability company Yes INO NOTE: Explast license year? EUM TWO LLC oreturn (TTB form 5630. | t? Yes No ntrol of this business? 01/09/2013 of re ed liability company? or any member/manager or a ain on reverse side any YES answer Yes No 5) before beginning business? | Yes No No ngistration. S No No ngent hold any for 6, 7, 8 and 9 above. |
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| Does any other (a) Corporate (b) Is applicate (c) Does the interest in any (a) Was this (b) If yes, un Does the app [Phone = 1-8 Does the app [Phone = (60 | er alcohol bevera e/limited liability of int corporation/lin corporation, or a y other alcohol be premises license der what name v slicant understant 00-937-8864] olicant understant 8) 266-2776] | r agent of, or acting on age retail licensee or we company applicants on mited liability company any officer, director, storeverage license or peneed for the sale of liquor was license issued? If they must file a Spector of the sale of liquor was license issued? If they must file a Spector of the sale of liquor was license issued? If they must file a Spector of the sale of sal | tholesale permittee hally: Insert state a subsidiary of any ochholder or agent or mit in Wisconsin or beer during the p MEMA PETROL cial Occupational Tax Permit must be appl | we any interest in or co WI and date other corporation or limited limited liability company Yes No NOTE: Explast license year? EUM TWO LLC oreturn (TTB form 5630. | t? Yes No ntrol of this business? 01/09/2013 of re ed liability company? or any member/manager or a ain on reverse side any YES answer Yes No 5) before beginning business? | Yes No No ngistration. S No No ngent hold any for 6, 7, 8 and 9 above. |
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TYPE OF LICENSE FEE ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION \$ 16.68 Class B Beer For the license period beginning: MAY 10, 2013 WI SP#: 456-1027038325-02 Class B Liquor \$ 83.34 **Publication Fee** \$ 15.00 And ending: **JUNE 30, 2013** FEIN: 27-1611021 **TOTAL FEE** \$ 115.02 1. The named INDIVIDUAL **PARTNERSHIP** LLC X INVOICE #: hereby makes application for the alcohol beverage license(s) checked above. 2. Name (Individual/partners give last name, first, FULL middle; corporations/limited liability companies give registered name): SHREE SAHAJANAND 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 flability company. List the name, title, and place of residence of each person. Home Address, City, State, Zip Code以下上工口点下巨 Name (Include FULL middle name) Title RECEIPT 946 DAFFODIL ST, WEST SALEM WI 54669 AUS CLITY CLERK/LICENSES President/Member **LAL NARSINHBHAI PATEL** 0202 VP/Member NONE PG205340762 001 130424 Secretary/Member NONE 4/24/13 11:26AH PAID 115.92 NONE Treasurer/Member 946 DAFFODIL ST, WEST SALEM WI 54669 Agent LAL NARSINHBHAI PATEL **Directors** NONE **RIVER JACK'S RESTAURANT AND LOUNGE** Business Phone # (608) 781-7070 3. Trade Name City, State, Zip Code LA CROSSE WI 54603 Address of Premises **1835 ROSE ST** 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: Entertainment lounge and bar, restaurant, dining rooms, swimming pool area, adjoining patio, deck and volley ball court and attached hotel. Storage: Banquet rooms, kitchen, storage rooms and hotel rooms. Is individual, partners or agent of Corp/LLC subject to completion of the responsible beverage server training course for this license period? 🗹 Yes 🗌 No Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes **V** No Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes V No (a) Corporate/limited liability company applicants only: Insert state and date of registration. 12-2009 (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 🗹 Yes 🔲 No NOTE: Explain on reverse side any YES answer for 6, 7, 8 and 9 above. 10. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ✓ Yes □ No ERIK AND KATHY RASMUSSEN LLC DBA RIVER JACK'S RESTAURANT & LO (b) If yes, under what name was license issued? 11. 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 12. 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 13. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 President of Corporation/Member/Manager of LLC/Partner/Individual 1day of Date: Secretary of Corporation/Member/Manager of LLC/Partner (Clerk/Notary Public) My commission expires: Date: Additional Partner(s)/Member/Manager of LLC, if Any TO BE COMPLETED BY CITY CLERK: Date reported to council/board Date provisional license issued Date received and filed with municipal clerk Signature of Clerk/Deputy Clerk License number issued Date license granted Date license issued

Original:

Renewal:

X

License Fee: \$100.00

Invoice #:

APPLICATION FOR INDOOR **CABARET LICENSE**

DUPLICATE RECEIPT

Legal/Real name: SHREE SAHAJANAND LLC

405 CITY CLERK/LICENSES

PG205340762 002 130424

0202

4/24/13 11:27AM PAID

100,00

Address of above: 1835 ROSE ST

Trade name of business: RIVER JACK'S RESTAURANT AND LOUNGE

Address of premises to be licensed: 1835 ROSE ST

Business phone #: (608) 781-7070

Detailed description of cabaret area to be licensed:

RESTAURANT, LOUNGE AND BANQUET ROOMS.

Premises are owned by: SHREE SAHAJANAND LLC

Address of owner: 1835 ROSE ST, LA CROSSE WI 54603

FULL name of Cabaret Manager: LAL NARSINHBHAI PATEL

Home address of Cabaret Manager: 946 DAFFODIL ST, WEST SALEM WI 54669

Home phone number: (608) 385-0908

Daytime phone number: (608) 385-0908

Date of birth: 10/23/1972

Was the above person listed as manager on last year's application? N/A

Other business to be conducted upon the premises: ALCOHOLIC BEVERAGES AND FOOD

Nature of entertainment: DJ'S, LIVE BANDS AND KARAOKE

License period:

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.

| | Repate 4-21 | | | |
|--|---|--|--|--|
| | (Signature of applicant and date) | | | |
| OFFICE USE ONLY | Munis Customer #: | | | |
| For original applications: Are there lands zoned conserv If yes, attach a list of those lands. | ancy, residential or multiple dwelling within 100 feet of premises? Y / N | | | |
| Signature and date | | | | |
| Granted: | License #: | | | |

Original: X

Renewal:

License Fee: \$100.00

Invoice #:

APPLICATION FOR **OUTDOOR** CABARET LICENSE

Legal/Real Name: SHREE SAHAJANAND LLC

Address of above: 1835 ROSE ST

Trade name of business: RIVER JACK'S RESTAURANT AND LOUNGE

Address of premises to be licensed: 1835 ROSE ST

Business phone #: (608) 781-7070

DUPLICATE RECEIFT

Detailed description of Outdoor Cabaret area to be licensed

0202 405 CITY CLERK/LICENSES PG205340762 003 130424 4/24/13 11:27AM PAID 100.00

DECK AND PATIO.

Premises are owned by: SHREE SAHAJANAND LLC

Address of owner: 1835 ROSE ST, LA CROSSE WI 54603

Name of Cabaret Manager: LAL NARSINHBHAI PATEL

Home address of Cabaret Manager: 946 DAFFODIL ST, WEST SALEM WI 54669

Home phone number: (608) 385-0908

Daytime phone number: (608) 385-0908

Date of birth: 10/23/1972

Was the above person listed as manager on last year's application? N/A

Other business to be conducted upon the premises: ALCOHOLIC BEVERAGES AND FOOD

Nature of entertainment: DJ'S, LIVE BANDS AND KARAOKE

License period:

OFFICE USE ONLY

The above hereby makes application for a license to operate an Outdoor 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.

| | (Signature of applicant and date) | 4-23-13 |
|---|-----------------------------------|---------|
| | (Signature of applicant and date) | |
| | Munis Customer | #: |
| ist of all property owners within 200 feet of the pro | oposed licensed premises. | |

For original applications: Attach a li

Signature and date _____

License #: Granted:

http://www.cityoflacrosse.org/DocumentCenter/Home/View/117

New:

Renewal:

License Fee: \$27,50

Receipt #: 103597

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

| Pawnbroker \$210.00 | Secondhand Article \$27.50 | Secondhand Jewelry \$30.00 | Mall/Flea Market \$1.6500 △ (\$25yrs); | |
|------------------------|---|---------------------------------|---|-----------------------|
| Real/Legal name of | Applicant: Electrum | iies Etc. | 465 0171 (LENKYLIO ENSES PG205339448 001 130410 /09/13 3:56PN PA10 | 35 97 20,50 |
| Business name & add | TCCCC | 58 COPE | sse business address: rent from address at left; (AND AVE | |
| APPLETON, WIS 491 | | LA CROSS | * | • |
| Business telephone | 1/ | | 08 124 0011 | |
| Owner's name & addr | 257 W. NO | BRTHLAND AV | 7ENSLER E | |
| Owner's telephone n | | 20 419 5279 | | - |
| Manager's name & ad | 5 m2 6 58 C.01 | BAUER ELAND AVE 150 54603 | Home 1504 3157 5 LA CRUSSE WI 50 | H/boi |
| Manager's telephone | number: | 609 724 00 | 1/ | - |
| Building owner's na | <u></u> | NORTH BILLIASI | 4601 | - |
| Building owner's te | lephone number: | June 1013 | | - |
| or false statement of | is license may be de | nied or revoked : | for fraud, misrepresent any violation of ss. 13 | tation 34.71, |
| and correct to the b | est of my knowledge. in the information su | I agree to into | | s true n (10) |
| THE A | (Signa | A SHEET MUST BE | 1 | |
| OFFICE USE ONLY | Granted: | Lic | ense #: | - |

New: X

Renewal:

License Fee: \$ 57.50

Receipt #:

APPLICATION FOR

PAWNBROKER, SECONDHAND ARTICLE DEALER, SECONDHAND JEWELRY DEALER AND MALL/FLEA MARKET

| Pawnbroker \$210.00 | Secondhand Article \$27.50 | Secondhand Jewelry \$30.00 | Mall/Flea Market \$165.00 (2 yrs) | |
|--|----------------------------|--|---|---------------|
| Real/Legal name of Ap | plicant: | | | |
| Business name & addre Collectors Roadshow 1006 Woodlawn Road Lincoln, IL 62656 | ss: | LA Choss | te business address: int from address at left) te Center or View Plaza WT 54601 | |
| Business telephone nu | mber: <u>217-341-1318</u> | | DUPLICATE | RECEIP |
| Owner's name & address Owner's telephone num | 17000 GR | 750WS 9ND 0PHS 0P 5 IL 62675 217 725 2759 | 405 CITY CLERK/LICENSES TF404374364 061 130415 -4/12/12 3:31PM PAID | 3682 57.50 |
| Manager's name & addr Manager's telephone r | 17900 GRA PETERSBURG | NO OAKS DR IL GLOT II, 688, 8485 | | |
| Building owner's name | e & address: 16 | o Harber View | rter Plaza | |
| Building owner's tele | 32) 5 | 866-459-2 | | |
| License Period: | MAY 1St - Ma | 43135 | will be only a 50 | lacy Show |
| I understand that this or false statement com 943.34, 948.62 or 948 | ntained in the app | plication or for an | | |
| Under penalty of law, and correct to the bes days of any change in | t of my knowledge | . I agree to infor | n the clerk within ten | true (10) |
| | (Sign | Jack Paran nature of Applicant | and Date) | |
| THE ATT | ACHED PERSONAL D | ATA SHEET MUST BE | COMPLETED | |
| OFFICE USE ONLY | Granted: | Lice | nse #• | |