

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

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

For the license period beginning: **MAY 10, 2013**

WI SP#:

And ending: **JUNE 30, 2013**

FEIN: **68-0642654**

1. The named INDIVIDUAL PARTNERSHIP CORP LLC
 hereby makes application for the alcohol beverage license(s) checked above.

TYPE OF LICENSE	FEE
Class C Wine	\$16.68
Class B Beer	\$16.68
Publication Fee	\$ 15.00 / ¹⁵⁰⁰ 26.00
TOTAL FEE	\$63.36
INVOICE #:	200025

2. Name (Individual/partners give last name, first, FULL middle; corporations/limited liability companies give registered name): **118600 LAST #**

MATTS PREMIER CATERING 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 (Include FULL middle name) Home Address, City, State, Zip Code
 President/Member **MATTHEW JOHN NUNEMACHER** **N5432 EAGLE CIR LN**
 VP/Member
 Secretary/Member
 Treasurer/Member
 Agent **MATTHEW JOHN NUNEMACHER** **N5432 EAGLE CIR LN**
 Directors **NONE**

DUPLICATE RECEIPT

405 CITY CLERK/LICENSES 0025
 TF404375842 001 130425
 4/24/13 4:52PM PAID 63.36

3. Trade Name **PREMIER CATERING** Business Phone # **(608) 782-0886**
 4. Address of Premises **1906 WARD AVE** City, State, Zip Code **LA CROSSE, WI 54601**

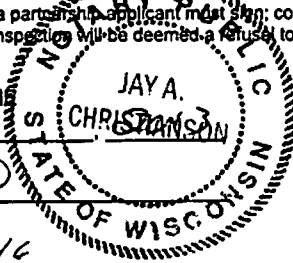
5. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on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

SALES/SERVICE: BANQUET HALL - ONE FLOOR. STORAGE: WALK IN AND STAND UP COOLER IN KITCHEN.

- 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 No
- Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- (a) Corporate/limited liability company applicants only: Insert state **WI** and date **2012** of registration.
 (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.
- (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?
- 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
- 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
- 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
 this 24 day of April



(Clerk/Notary Public)

My commission expires: 3-13-2016

[Signature] Date: 4/24/13
 President of Corporation/Member/Manager of LLC/Partner/Individual

Secretary of Corporation/Member/Manager of LLC/Partner

Additional Partner(s)/Member/Manager of LLC, if Any

TO BE COMPLETED BY CITY CLERK:

Date received and filed with municipal clerk 4-24-13	Date reported to council/board	Date provisional license issued
Date license granted	Date license issued	License number issued
		Signature of Clerk/Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

For the license period beginning: **MAY 10, 2013**

WI SP#:

And ending: **JUNE 30, 2013**

FEIN:

1. The named INDIVIDUAL PARTNERSHIP CORP LLC
 hereby makes application for the alcohol beverage license(s) checked above.

TYPE OF LICENSE	FEE
Class A Beer	\$ 16.68
Class A Liquor	\$ 83.64
Publication Fee	\$ 15.00 x 2 = 30
TOTAL FEE	\$ 130.32
INVOICE #:	

2. Name (Individual/partners give last name, first, FULL middle; corporations/limited liability companies give registered name):

HAR PETROLEUM 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 (Include FULL middle name)	Home Address, City, State, Zip Code
President/Member	MUNIR AKHTER HUSSAIN	5107 CO RD B, LA CROSSE WI 54601
VP/Member	NONE	
Secretary/Member	NONE	
Treasurer/Member	NONE	
Agent	MUNIR AKHTER HUSSAIN	5107 CTH B, LA CROSSE WI 54601
Directors	NONE	

DUPLICATE RECEIPT

405 CITY CLERK/LICENSES 0024
PG205339423 001 130409
4/08/13 3:17PM PAID 130.32

3. Trade Name **CLARK ON ROSE** Business Phone # **(608) 781-4881**
4. Address of Premises **2308 ROSE ST** City, State, Zip Code **LA CROSSE WI 54601**

5. 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: General sales are centered by a checkout, 15 door walk-in cooler. Storage: Locked in back room.

6. Is individual, partners or agent of Corp/LLC subject to completion of the responsible beverage server training course for this license period? Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
9. (a) Corporate/limited liability company applicants only: Insert state **WI** and date **01/09/2013** of registration.
(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
(b) If yes, under what name was license issued? **MEMA PETROLEUM TWO LLC**
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
this 8th day of April, 2013

[Signature]
(Clerk/Notary Public)

My commission expires: 8/25/13

[Signature] Date: 4-8-13
President of Corporation/Member/Manager of LLC/Partner/Individual

Secretary of Corporation/Member/Manager of LLC/Partner

Additional Partner(s)/Member/Manager of LLC, if Any

TO BE COMPLETED BY CITY CLERK:

Date received and filed with municipal clerk	<u>4/8/13</u>	Date reported to council/board		Date provisional license issued	
Date license granted		Date license issued		License number issued	
				Signature of Clerk/Deputy Clerk	

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

For the license period beginning: **MAY 10, 2013**

WI SP#: **456-1027038325-02**

And ending: **JUNE 30, 2013**

FEIN: **27-1611021**

1. The named INDIVIDUAL PARTNERSHIP CORP LLC

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 liability company. List the name, title, and place of residence of each person.

Title Name (Include FULL middle name)
 President/Member **LAL NARSINBHAI PATEL**
 VP/Member **NONE**
 Secretary/Member **NONE**
 Treasurer/Member **NONE**
 Agent **LAL NARSINBHAI PATEL**
 Directors **NONE**

Home Address, City, State, Zip Code
946 DAFFODIL ST, WEST SALEM WI 54669
946 DAFFODIL ST, WEST SALEM WI 54669

TYPE OF LICENSE	FEE
Class B Beer	\$ 16.68
Class B Liquor	\$ 83.34
Publication Fee	\$ 15.00
TOTAL FEE	\$ 115.02
INVOICE #:	

DUPLICATE RECEIPT
 405 CITY CLERK/LICENSES 0202
 PG205340762 001 130424
 4/24/13 11:26AM PAID 115.02

3. Trade Name **RIVER JACK'S RESTAURANT AND LOUNGE**

Business Phone # **(608) 781-7070**

4. Address of Premises **1835 ROSE ST**

City, State, Zip Code **LA CROSSE WI 54603**

5. 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.

6. Is individual, partners or agent of Corp/LLC subject to completion of the responsible beverage server training course for this license period? Yes No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No

9. (a) Corporate/limited liability company applicants only: Insert state **WI** and date **12-2009** of registration.

(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

(b) If yes, under what name was license issued? **ERIK AND KATHY RASMUSSEN LLC DBA RIVER JACK'S RESTAURANT & LO**

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

this 23rd day of April, 2013

[Signature]
 (Clerk/Notary Public)

My commission expires: 8/25/13

[Signature] Date: 4-23-13
 President of Corporation/Member/Manager of LLC/Partner/Individual

 Secretary of Corporation/Member/Manager of LLC/Partner

 Additional Partner(s)/Member/Manager of LLC, if Any

TO BE COMPLETED BY CITY CLERK:

Date received and filed with municipal clerk	<u>4/23/13</u>	Date reported to council/board		Date provisional license issued	
Date license granted		Date license issued		License number issued	
				Signature of Clerk/Deputy Clerk	

Original: X

License Fee: \$100.00

Renewal:

Invoice #:

**APPLICATION FOR
INDOOR
CABARET LICENSE**

DUPLICATE RECEIPT

Legal/Real name: SHREE SAHAJANAND LLC

405 CITY CLERK/LICENSES
PG205340762 002 130424
4/24/13 11:27AM PAID

0202
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.

 4-23-13
(Signature of applicant and date)

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 _____

Granted: _____

License #: _____

Original: X

License Fee: \$100.00

Renewal:

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

Detailed description of Outdoor Cabaret area to be licensed
DECK AND PATIO.

DUPLICATE RECEIPT

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

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

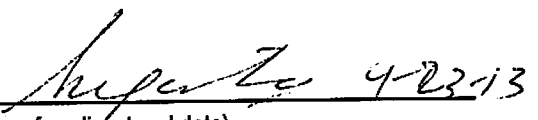
Was the above person listed as manager on last year's application? N/A

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

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

License period:

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)

OFFICE USE ONLY

Munis Customer #:

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature and date _____

Granted: _____

License #: _____

New:

License Fee: \$27,50

Renewal:

Receipt #: 103597

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

<input type="checkbox"/> Pawnbroker \$210.00	<input checked="" type="checkbox"/> Secondhand Article \$27.50	<input type="checkbox"/> Secondhand Jewelry \$30.00	<input type="checkbox"/> Mall/Flea Market \$165.00 (2yrs)
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Real/Legal name of Applicant: Electronics Etc.

Business name & address:

ELECTRONICS ETC CCC
257 W. NORTHLAND AVE
APPLETON, WI 54911

La Crosse business address:
(if different from address at left)

58 COPELAND AVE
LA CROSSE WI 54603

Business telephone number: 920 419 5279 608 724 0011

Owner's name & address: KELBY GENSLE GENSLER
257 W. NORTHLAND AVE
APPLETON, WI 54911

Owner's telephone number: 920 419 5279

Manager's name & address: AMY BAUER Home
58 COPELAND AVE 1504 31ST S
LA CROSSE WI 54603 LA CROSSE WI 54601

Manager's telephone number: 608 724 0011

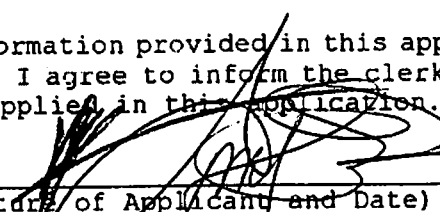
Building owner's name & address: TARP SIXTY REALTOR SOLUTIONS
119 NORTH 19TH ST
LA CROSSE WI 54601

Building owner's telephone number: _____

License Period: APRIL ^{MAY} 2013 to JUNE ^{JULY} 2013

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.



(Signature of Applicant and Date)

THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED

OFFICE USE ONLY Granted: _____ License #: _____

New:

License Fee: \$ 57.50

Renewal:

Receipt #: 103682

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

<input type="checkbox"/>	Pawnbroker \$210.00	<input checked="" type="checkbox"/>	Secondhand Article \$27.50	<input checked="" type="checkbox"/>	Secondhand Jewelry \$30.00	<input type="checkbox"/>	Mall/Flea Market \$165.00 (2 yrs)
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Real/Legal name of Applicant:

Business name & address:

La Crosse business address:
(if different from address at left)

Collectors Roadshow
1006 Woodlawn Road
Lincoln, IL 62656

La Crosse Center
300 Harbor View Plaza
La Crosse WI 54601

Business telephone number: 217-341-1318

DUPLICATE RECEIPT

Owner's name & address:

ERIN PARSONS
17900 GRAND OAKS DR
PETERSBURG IL 61675

405 CITY CLERK/LICENSES
77404374384 001 130415
4/12/17 3:21PM PAID

3682

57.50

Owner's telephone number:

217.125.2759

Manager's name & address:

JACOB PARSONS
17900 GRAND OAKS DR
PETERSBURG IL 61675

Manager's telephone number:

217.685.9495

Building owner's name & address:

La Crosse Center
300 Harbor View Plaza
La Crosse WI 54601

Building owner's telephone number:

806-459-2035

License Period:

MAY 1st - May 31st

will be only a 5 day show

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.

Jacob Parsons
(Signature of Applicant and Date)

THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED

OFFICE USE ONLY

Granted: _____

License #: _____