

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1 2023 ending: JUNE 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } LACROSSE
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>NA (FILED FOR)</u>	
FEIN Number <u>92-2798673</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DCG 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 full name and place of residence of each person.

President / Member Last Name <u>Gerleman</u>	(First) <u>Daniel</u>	(Middle Name) <u>JOSEPH</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 24th ST SOUTH LACROSSE WI 54601</u>
Vice President / Member Last Name <u>Gerleman</u>	(First) <u>CHRISTINA</u>	(Middle Name) <u>MARIE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 24th ST SOUTH LACROSSE WI 54601</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name BOOT HILL PUB Business Phone Number 608-782-3826

2. Address of Premises 1501 ST ANDREW ST SUITE B103 Post Office & Zip Code LACROSSE WI 54603

3. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

FIRST FLOOR of building, consisting of bar and adjacent dining room, courtyard and banquet hall. Storage: 36x21 ft area adjacent to bar and behind bar.

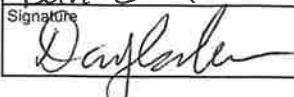
4. Legal description (omit if street address is given above): _____

5. (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? THE FEWIGOR GROUP LLC DBA
BOOT HILL PUB

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
STARTING NEW BUSINESS
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 3-9-2023 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** 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? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>Dan Genteman</u>	Title/Member <u>OWNER</u>	Date <u>4-10-2023</u>
Signature 	Phone Number <u>608-397-2943</u>	Email Address <u>theGentia@yahoo.com</u>

TO BE COMPLETED BY CLERK

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

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of LACROSSE WI County of LACROSSE

The undersigned duly authorized officer/member/manager of DCG LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as BOOT HILL PUB
(Trade Name)

located at 1501 ST ANDREW ST

appoints Dan Gerleman
(Name of Appointed Agent)

320 24th St South LACROSSE 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).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 1.5 years

Place of residence last year N 1603 MICKEL ROAD LACROSSE WI 54601

For: DCG LLC
(Name of Corporation / Organization / Limited Liability Company)

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Dan Gerleman, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 4-10-2023
(Signature of Agent) (Date)

Agent's age 64

320 24th St South LACROSSE WI 54601
(Home Address of Agent)

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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: New Renewal For the license period 7-1-2023 to 6-30-2024 Fee: \$ 135⁰⁰

BUSINESS INFORMATION*			
Legal/Real Name: <u>DCG LLC</u>			
Address of Above: Street <u>1501 ST ANDREW ST C101</u>	City <u>LACROSSE</u>	State <u>WI</u>	Zip Code <u>54601</u>
PREMISES INFORMATION			
Trade Name of Business: <u>Boot Hill Pub</u>			
Address of premises to be Licensed: <u>1501 ST ANDREW ST suite B103</u>		Business Phone Number: <u>608-782-3826</u>	
Premises are Owned By: <u>The Fenigor Group LLC</u>			
Address of Owner: Street <u>1501 ST ANDREW ST</u>	City <u>LACROSSE</u>	State <u>WI</u>	Zip Code <u>54601</u>
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <u>Entire first floor of bar area, dining room and Banquet Hall.</u>			
Nature of Entertainment: <u>LIVE music (Bands)</u>			
Other Business Conducted upon the premises:			
MANAGER INFORMATION*			
Cabaret Manager Name: First <u>Daniel</u>		Middle <u>Joseph</u>	Last <u>Gerteman</u>
Cabaret Manager Home Address: Street <u>320 24th St South</u>	City <u>LACROSSE</u>	State <u>WI</u>	Zip Code <u>54601</u>
Home Phone Number of Cabaret Manager: <u>608-397-2943</u>	Daytime Phone Number of Cabaret Manager: <u>608-397-2943</u>		
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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 Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

Daniel Gerteman
Signature of Applicant

4-11-2023
Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:

Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE				
Name: First <i>Daniel</i>		Middle <i>JOSEPH</i>		Last <i>Gerleman</i>
Home Address: Street <i>320 24th ST SOUTH</i>		City <i>LAROSSE</i>		State <i>WI</i> Zip Code <i>54601</i>
Phone Number: <i>608-397-2943</i>		Email: <i>thefrtia@yahoo.com</i>		Date of Birth: (mm/dd/yyyy) <div style="background-color: black; width: 100px; height: 15px;"></div>
Violations: <i>NONE</i>				
OFFICER/MEMBER				
Name: First <i>Christina</i>		Middle <i>MARIE</i>		Last <i>Gerleman</i>
Home Address: Street <i>320 24th ST SOUTH</i>		City <i>LAROSSE</i>		State <i>WI</i> Zip Code <i>54601</i>
Phone Number: <i>563-300-6276</i> <i>608-397-2943</i>		Email: <i>thefrtia@yahoo.com</i>		Date of Birth: (mm/dd/yyyy) <div style="background-color: black; width: 100px; height: 15px;"></div>
Violations: <i>NONE</i>				
OFFICER/MEMBER				
Name: First		Middle		Last
Home Address: Street		City		State Zip Code
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)
Violations:				
OFFICER/MEMBER				
Name: First		Middle		Last
Home Address: Street		City		State Zip Code
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)
Violations:				
OFFICER/MEMBER				
Name: First		Middle		Last
Home Address: Street		City		State Zip Code
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)
Violations:				



City of La Crosse, Wisconsin

APPLICATION FOR OUTDOOR CABARET LICENSE ^{cc}

Check One: New Renewal For the license period July 1 2023 to ~~SEP 16 2024~~ Fee: \$ 100

BUSINESS INFORMATION*			
Legal/Real Name: <u>DLO LLC</u>			
Address of Above: Street <u>1501 ST ANDREW ST C101</u>		City <u>LACROSSE</u>	State Zip Code <u>WI 54601</u>
PREMISES INFORMATION			
Trade Name of Business: <u>Boot Hill Pub</u>			
Address of premises to be Licensed: <u>1501 ST ANDREW ST suite B103</u>		Business Phone Number: <u>608-782-3826</u>	
Premises are Owned By: <u>The Fenigun Group LLC</u>			
Address of Owner: Street <u>1501 ST ANDREW ST</u>		City <u>LACROSSE</u>	State Zip Code <u>WI 54601</u>
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <u>Courtyard</u>			
Nature of Entertainment: <u>LIVE MUSIC (BANDS)</u>			
Other Business Conducted upon the premises:			
MANAGER INFORMATION*			
Cabaret Manager Name: First <u>Daniel</u>		Middle <u>Joseph</u>	Last <u>Gerteman</u>
Cabaret Manager Home Address: Street <u>320 24th St South</u>		City <u>LACROSSE</u>	State Zip Code <u>WI 54601</u>
Home Phone Number of Cabaret Manager: <u>608-397-2943</u>		Daytime Phone Number of Cabaret Manager: <u>608-397-2943</u>	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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

[Signature]
Signature of Applicant



4-11-2023
Date

OFFICE USE ONLY			
For original application: Attach a list of all property owners within 200 feet of the proposed licensed premises.			
Signature:	Date:	Granted:	License #:

Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE			
Name: First	Middle	Last	
Daniel	Joseph	Gerleman	
Home Address: Street	City	State	Zip Code
320 24th ST SOUTH	Lacrosse	WI	54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
608-397-2943	thefortia@yahoo.com		
Violations: NONE			
OFFICER/MEMBER			
Name: First	Middle	Last	
Christina	Marie	Gerleman	
Home Address: Street	City	State	Zip Code
320-24th St South	Lacrosse	WI	54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
608-563-6276	thefortia@yahoo.com		
Violations: NONE			
OFFICER/MEMBER			
Name: First	Middle	Last	
Home Address: Street	City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First	Middle	Last	
Home Address: Street	City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			