	IGINAL ALC		RAGE RETA	AIL LICE	NSE APPL	ICATION	Applicant's Wisconsin Seller's Permit Number: Federal Employer Identific Number (FEIN):	eston		
For 1	the license perio	d beginning ending	June 3	0	20 15	;	LICENSE REC TYPE Class A beer	s 7	FEE 15.06	
топ	THE GOVERNIN	IG BODY of the	Town of Village of City of	} Lac	vosse		Class B beer Class C wine Class A liquor	\$ \$ \$ 73	75.03	
Cou	nty of		Aldermanic D	ist. No.	(if required t	y ordinance)	Class B liquor Reserve Class			
			PARTNERSHIP ONPROFIT ORGAN	IZATION	ITED LIABILITY (COMPANY	Publication TOTAL FEE	rifee S L	10:00	
	Name (individual/p. KUMO An "Auxiliary Que	artners give last nar LY Sh	ne, first, middle; cor	porations/limi	ted liability compa DYISE	<u>しし</u> s application b	ov each individual app	olicant, by each r	nember of a	
	partnership, and b	by each officer, dir	ector and agent of , and place of resident	a corporation ence of each p Name	n or nonprofit of person.	ganization, an Home	Address C	Doet Office &	7in Code	ELV.
	President/Member Vice President/Mer	<u>Jatir</u>	der Ku	mar	1345	_('ale	donia St	Lacro	<u>SSE</u> VI	2460.
	Secretary/Member Treasurer/Member									VI 546C
	Agent -	atinder	Kumai		345	Caled	onia St	Lacro	SSe "	عهادر الا
3.	Directors/Manager	lark or	n Rose	S+-				8 781- 10055e	4881 WL54	1603
4. 5.			oration/limited liabili		ubject to completi	on of the respo	nsible beverage server	Va	s X No	
6. 7.	Is the applicant an	employe or agent on the complex of t	of, or acting on beha il licensee or wholes	sale permittee	have any interes	t in or control of	this business?	, , , , , , , , , , , te	57	
8.	(a) Corporate/lim (b) Is applicant co	ited liability comp	any applicants onli bility company a sut	ly: Insert stands sidiary of any	te	and date n or limited liabi	lity company?	jistration.	s ×No	
	agent hold any	interest in any oth	er, director, stockhol er alcohol beverage reverse side of this	license or per	rmit in Wisconsin'	?	member/manager or 8 above.) Kum(XYe	s no New To	iste of
9.	Premises descripti	on: Describe buildi	ng or buildings wher	e alcohol bev	erages are to be	sold and stored	. The applicant must in	clude Indio	· 181390	KK50n5T
10	may be sold and s	tored only on the po omit if street addre	remises described.)	20/es/se	:rvice: 957	eral Jal	K in cooler	Storage	e: locke	dback
10. 11.	(a) Was this orem	ises licensed for th	e sale of liquor or be	er during the	past license year	f		X4e	es No	room
12.	Does the applican	t understand they n	nse issued? HA nust file a Special O -800-937-8864]	ccupational Ta	ax return (TTB for	m 5630.5)			es No	•
13.	Does the applican	t understand a Wis	consin Seller's Pern 2776]	nit must be ap	plied for and issu	ed in the same	name as that shown in	XYe	es No	
14.	Does the applican	t understand that th	iey must purchase a	sicohol bevera	iges only from Wi	sconsin wholes	alers, breweries and bi	ewpubs?\XYe		
RE/	AD CAREFULLY BEF	ORE SIGNING: Unde	er penalty provided by this business accordi	law, the applica	ant states that each hat the rights and r	of the above que esponsibilities co (s), members/ma	estions has been truthfull onferred by the license(s nagers of Limited Liabilin I is a misdemeanor and g	r answered to the bo , if granted, will not r Companies must s	ign.) Any lack o	1
SUI	BSCRIBED AND SV	7	ber	, 20 14	(Office	ar of corporation	Manager of Limited	Liability Company/P	artner/Individual))
• •	y fish	(Clark/Notary F		** **	·	Officer of Corpora	tion/Member/Menagar of Li	mited Liability Compa	any/Partner)	
Му	commission expires	118619	-1 .			(Additional Partne	r(s)/Member/Manager of L	imited Liability Comp	any if Any)	-
Da	BE COMPLETED E te received and filed h municipal clerk 0		conted to council/board	Date	provisional ticense Iss	sued S	ignature of Clerk / Deputy Cl	erk]
	te license granted		ense issued	Licen	se number issued					
AT-	106 (R. 1-12)							Wisconsin Depa	rtment of Revenu	.0

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 comporation/organization or members/managers of a limited liability company and the recommendation made by the proper
local official.
To the governing body of: Village of LOCYDSSE County of LOCYDSSE
The undersigned duly authorized officer(s)/members/managers of Kunar Shama Enterprise 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 Clark on Rose
located at 2308 Rose St (trade name)
appoints clatinder Kumar
appoints Until (name of appointed agent) 1345 (aledonia St (name address of appointed agent) (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). Kumar LLC dba New Taste of India S 2 clacks St Lacro Is applicant agent subject to completion of the responsible beverage server training course? Yes X No Yes Yes
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
For: Kumar Sharma Enterprise LLC (name of corporation/organization/similad liability company)
By: (signature of Officer/Member/Menager)
And: (signature of Officer/Member/Manager)
(signature or Oniconnential Transaction
ACCEPTANCE BY AGENT
I. Jahnder Kumar , hereby accept this appointment as agent for the (printitype 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.
Date of birth (signature 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 16/3/14 by the Mindle ! Title Police Chiet
(date) (signature of proper local official) (town chair, village president, poccedure)

SURRENDER OF LICENSE Part I

Legal/Real Name of Current Licensee: HA	
Premises Address: 3308 Kose	<u>ST</u>
Trade Name: Clark on Rose	
This is to advise that the undersigned is surrence Combination "Class B" Beer & Class "B" Beer & Class "A" Beer and/or "Class A Wholesale Beer "Class C" Wine to: Kumar Sharmand understand that said license(s) will be granting of a license to the applicant named her	Liquor Liquor (circle which apply) Lev Drise LLC of Proposed Licensee and Trade Name) cancelled upon the Common Council's
New Applicant	Current Licensee
11.1	Park
11str	resident, Member, Parmer, Individual
President Member, Partner, Individual	Munin A Hussain
	114711
Secretary, Member, Partner	ecretary, Member, Partner
executed the foregoing Surrender of License, and acknowledged that s/he executed the foregoing docum	known to me to be the persons and ent. Notary Public OCYDSSE County, Wisconsin My Commission expires:
) ss.	
County of La Crosse)	
executed the foregoing Surrender of License, and kn acknowledged that s/he executed the foregoing docum	, 20 (), personally came before me known to me to be the person(s) who lown to me to be the Proposed New Applicant and lient.
	Notary Hublic OCYDSS County, Wisconsin My Commission expires: 4 2317

CUDI FACE-ACDEEMENT

SUBLEASE AGREEMENT
This Agreement, made as of the 10/20/2014 day of 10/20/2014 between JT PETROLEUM CORPORATION, a corporation having a place of business at 9653 N. Granville Road, Mequon Wisconsin, 53097, Landlord and INDERYAS CHIRAGIADIN who reside at 5107 Country B Road LaCrosse, WI-54601 and personally Guaranteed By Tenant. MEMA PETROLEUM Two Landlord give permission to tenant to sub Lease the premises located in the city of Lacrosse
Station #4305 2308 Rose Street LaCrosse, WI
The Landlord will allow the sublease listed below to occupy and operate the above listed premises, sublease is as follows
Business Name KUMARSHARMA ENTERPRISES LLC
Owner Name JATINDER KUMAR
Address 2308 Rose Street Lacrosse WI Phone no: 267-254-9750 Email: DATINDEIZ KM & AOL. Com
The Tenant is responsible for Sub Lessee actions in relation to terms of the attached original Lease Agreement.
The SubLessee agrees to the terms of the Attached Lease Agreement and is personally responsible to follow the terms of such Lease
In WITNESS WHEREOF the undersigned have executed this agreement as evidence of the understanding reached as of the and year first above written
Landlord
JT Petroleum corporation Tenant
BY INDERYAS CHIRAGHDIN
Date 10-20-14 By 4 10 20 10 20

SUB LESSEE

PRINTED NAME

By yndfnell 10/20/14 Notarization State of wisconsin

MALIHA

AFRIN

Signed and sworn before me

Maliha Afrin

Maliha Afrin

Maliha Afrin

Maliha Afrin

Maliha Afrin JATINDEIZ KUMAR Exp:03/11/2018