

RENEWAL ALCOHOL BEVERAGE RETAIL APPLICATION

For the license period: July 1, 2014 to June 30, 2015
 Applicant Wisconsin Seller's Permit: 456-1026953500-04
 Federal Employee Identification Number (FEIN): 26-3654381

| Type of License | Fee |
|--|------------------|
| <input type="checkbox"/> Class A Beer | \$ |
| <input checked="" type="checkbox"/> Class B Beer | \$ 100 |
| <input checked="" type="checkbox"/> Class C Wine | \$ 100 |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class B liquor | \$ |
| Publication Fee | \$ 40 |
| Total Fee | \$ 240.00 |

CHECK ONE Individual PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

Complete A or B. All Must Complete C.

A. Individual or Partnership

Full Name(s): Last, First, and Middle Home Address Post office & ZIP Code

B. Corporation/Nonprofit Organization/Limited Liability Company (Full Name): ► AROMA HOLDINGS LLC

Address of Corporation/Limited Liability Company (if different from licensed premises): ►

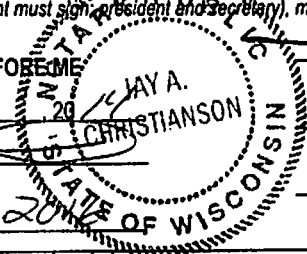
All Officer(s), Director(s) and Agent of Corporation or Members/Managers and Agent of Limited Liability Company:

| Title | Name | Home Address | Post Office & ZIP Code |
|------------------------|--------------|---|------------------------|
| President/Member: | BIJAN JADALI | 1 RIVERPLACE DR APT 315 LA CROSSE WI, 54601 | |
| Vice President/Member: | | | |
| Secretary/Member: | | | |
| Treasurer/Member: | | | |
| Agent: | BIJAN JADALI | 1 RIVERPLACE DR APT 315 LA CROSSE WI, 54601 | |
| Directors/Managers: | NONE | | |

C. 1. Trade Name: ► THE BRASS TAP Business Phone Number: 608-361-8001
 2. Address of Premises: ► 520 STATE ST Post Office & ZIP Code: ► LA CROSSE, WI 54601

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? YES NO
- 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.)
 Description of Sales/Service Area: Entire main floor.
 Description of Storage Area: Main floor, basement and walk-in cooler.
 Description of Beer Garden (If Applicable):
- (a) Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side. YES NO
 (b) Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side. YES NO
- Except for questions 5a and 5b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. YES NO
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Not open yet YES NO
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone (608) 266-2776) YES NO
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? 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, president and secretary, members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 17th day of April 2014

 _____ (Clerk/Notary Public)
 _____ (President of Corporation/Member or Manager of Limited Liability Company/Partner/Individual)
 _____ (Secretary of Corporation/Member or Manager of Limited Liability Company/Partner)
 _____ (Additional Partner(s)/Members or Manager of Limited Liability Company if Any)

| | | | |
|--|--------------------------------|-----------------------|-----------------------------------|
| Date received and filed with Municipal Clerk 4/17/14 | Date reported to council/board | License number issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | | |