

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Oct. 9 20 15
ending June 30 20 16

TO THE GOVERNING BODY of the: Town of }
 Village of }
 City of }

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Matt's 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.

President/Member Matthew J. Nunemacher NS432 Eagle Circle Ln. Onalaska, WI 5465
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Matthew J. Nunemacher NS432 Eagle Circle Ln. Onalaska, WI 5465
Directors/Managers _____

3. Trade Name Premier Catering Business Phone Number 608-782-0886
4. Address of Premises 1906 Ward Ave. Post Office & Zip Code La Crosse WI 54601

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date Jan 2007 of registration. Yes No
- (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: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Service: 3,120 sq. ft. area of one story bldg.
10. Legal description (omit if street address is given above): storage: office area in rear behind kitchen Yes No
11. (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? Matt's Premier Catering LLC
12. 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
13. 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
14. 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 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 14th day of Sept. 20 15
Jeri Lehrke (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
My commission expires _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

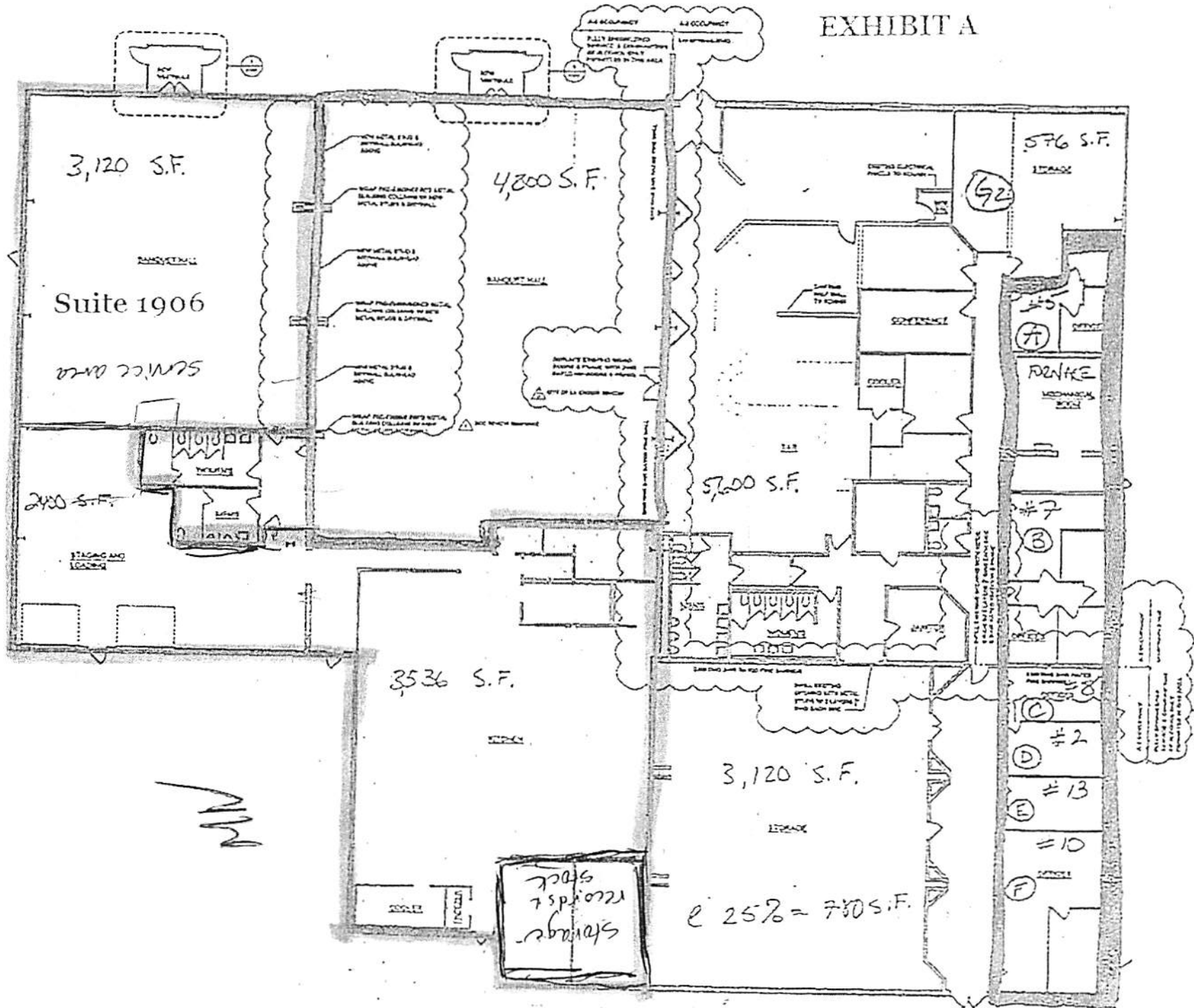
Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>75.06</u>
Class C wine	\$
Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>375.03</u>
Reserve Class B liquor	\$
<input checked="" type="checkbox"/> Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>470.09</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: 9/14/15 Date received by county clerk: SEP 29 2015 Date provisional license issued: _____ Signature of Clerk / Deputy Clerk: Jeri Lehrke

Date license granted: OCT 08 2015 Date license issued: _____ License number issued: 138

EXHIBIT A



3,120 S.F.

Suite 1906

4,200 S.F.

576 S.F.

576 S.F.

3,536 S.F.

3,120 S.F.

25% = 780 S.F.

STAIRS

2400 S.F.

(92)

(7)

#7

(8)

(C)

#2

(D)

#13

(E)

#10

(F)

STAIRS
7 SPACES
STAIRS

Build with a Mission

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 corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of LaCrosse County of LaCrosse

The undersigned duly authorized officer(s)/members/managers of Matt's Premier Catering, 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 Premier Catering
(trade name)

located at 1906 Ward Ave.

appoints Matthew J. Nunemacher
(name of appointed agent)

N5432 Eagle Circle Ln. Onalaska WI 54650
(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? 39 yrs.

Place of residence last year N5432 Eagle Circle Ln., Onalaska WI 54650

For: Matt's Premier Catering LLC
(name of corporation/organization/limited liability company)

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

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Matthew J. Nunemacher, 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] 9/14/15 Agent's age _____
(signature of agent) (date)

N5432 Eagle Circle Ln. Onalaska, WI 54650 Date of birth _____
(home address 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 9-16-15 by [Signature] Title Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Original:
Renewal:

License Fee: \$100⁰⁰
Invoice #: 200076

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Matt's Premier Catering LLC
Address of above: N5432 Eagle Circle Lane, Oshkosh WI 54650
Trade name of business: Premier Catering
Address of premises to be licensed: 1906 Ward Ave, La Crosse WI 54601
Business phone number: 608-782-0886
Detailed description of cabaret area to be licensed: Front 3,120 sq. ft area of one-story building located address.
Premises are owned by: La Crosse Area Expansion LLC (Nathan Wisniewski)
Address of owner: 102 E. Third St, Winona MN 55987
Name of Cabaret Manager (FIRST, MIDDLE & LAST): Matthew John Nowinski
Home address of Cabaret Manager: N5432 Eagle Circle Lane, Oshkosh WI 54650
Home phone number of Cabaret Manager: 792-9157 (cell)
Daytime phone number of Cabaret Manager: 782-0886
Date of Birth of Cabaret Manager: _____
Was the above person listed as manager on last year's application? Yes ___ No
Other business to be conducted upon the premises: Restaurant, Banquet Hall
Nature of entertainment: Live Bands, DJ, & Karaoke
License Period: October 9, 2015 to June 30th, 2016

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

[Signature] 9/14/15
(Signature of applicant & date)

OFFICE USE ONLY:

Munis Customer #:

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? N If yes, attach a list of those lands.

Signature and date [Signature]

OCT 09 2015

Granted: OCT 08 2015 License #: 83



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

**NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE
IN THE CITY OF LA CROSSE**

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for an **Indoor Cabaret** license under Sec. 10-140(c) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

**Matt's Premier Catering LLC d/b/a Premier Catering
at 1906 Ward Ave., La Crosse, WI 54601**

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, September 29th, 2015 at 7:30 p.m.
Common Council Meeting – Thursday, October 8th, 2015 at 7:30 p.m.

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

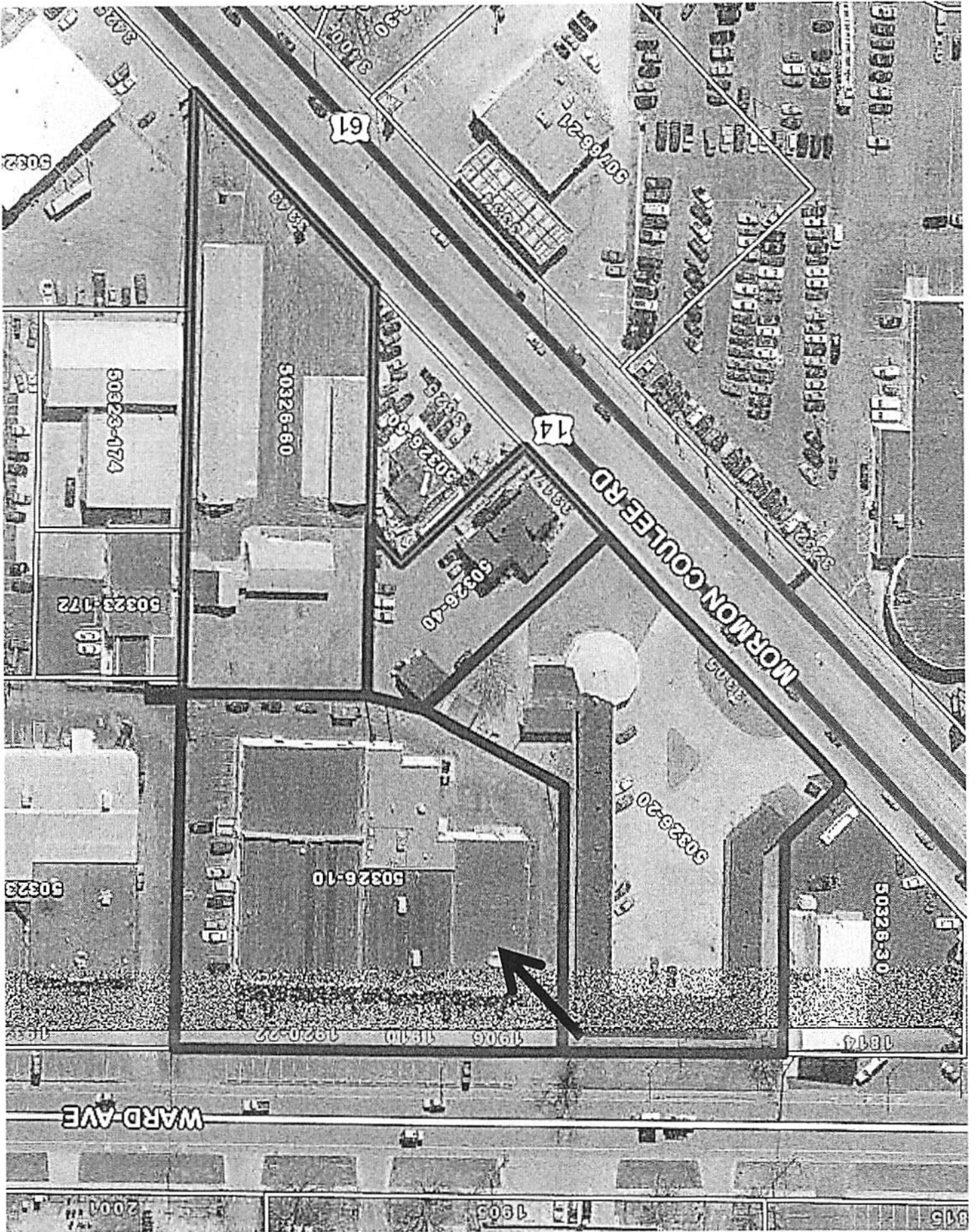
You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 16th day of September, 2015.

Teri Lehrke, WCPC, City Clerk
City of La Crosse

Jay A. Christianson
License & Election Clerk III



Owner Name	Property Address	Property Address City	Billing Address	Billing City/State/Zip
LACROSSE AREA EXPANSION LLC	1906 WARD AVE	LA CROSSE	102 E THIRD ST	WINONA MN 55987
2ND & MAIN LLC	3305 MORMON COULEE RD APT 2	LA CROSSE	119 19TH ST N	LA CROSSE WI 54601-3724
JEFFREY A, GALE A BAGSTAD	3343 MORMON COULEE RD	LA CROSSE	3343 MORMON COULEE RD	LA CROSSE WI 54601-6749
CPA INVESTMENTS	3317 MORMON COULEE RD	LA CROSSE	PO BOX 785	LA CROSSE WI 54602-0785