

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 15<sup>th</sup> 20 14 ;  
 ending June 30<sup>th</sup> 20 15 ;

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

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

Applicant's Wt. Seller's Permit No.:	FEIN Number:
	<u>47-1116862</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>91.74</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>458.37</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$ <u>570.11</u>

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): ▶ LD'S EAGLES NEST 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	Home Address	Post Office & Zip Code
President/Member	<u>MEMORA</u>	<u>Jon C. Erickson</u>	<u>W5924 RIM OF THE CITY RD LACROSSE WI 54601</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Jon Christopher Erickson</u>	<u>W5924 RIM OF THE CITY RD, LACROSSE WI 54601</u>	

3. Trade Name ▶ THE EAGLES NEST Business Phone Number 608-782-7764  
 4. Address of Premises ▶ 1914 CAMPBELL RD Post Office & Zip Code ▶ LACROSSE 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 7/14 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: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

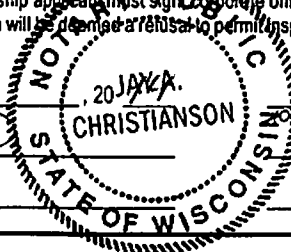
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1914 Campbell Rd Lacrosse WI 54601
10. Legal description (omit if street address is given above): Entire first floor of one-story building, // First floor and basement.
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? \_\_\_\_\_
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 laws and 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 30<sup>th</sup> day of July

[Signature]  
 (Clerk/Notary Public)



[Signature]  
 Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 3-13-2016

**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
<u>7/30/14</u>			
Date license granted	Date license issued	License number issued	

CITY OF LA CROSSE, WI  
 General Billing - 200054 - 2014  
 000953-0025 Mark P. P.  
 1-888-2-NUDGE  
 LD'S EAGLES NEST LLC  
 07/31/2014  
 08:48AM  
 670-11

# 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 LDS EAGLES NEST 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 THE EAGLES NEST  
(trade name)

located at 1914 CAMPBELL RD LACROSSE WI 54601

appoints Jon C. ERICSON  
(name of appointed agent)

W5924 Rm OF THE CIM RD 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).  
FREIGHTHOUSE RESTAURANT (VINE STREET GROUP LLC) LACROSSE WI

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? 20 yrs

Place of residence last year W5924 Rm OF THE CIM RD LACROSSE WI 54601

For: LDS EAGLES NEST LLC  
(name of corporation/organization/limited liability company)

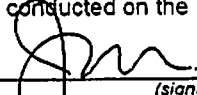
By:   
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

### ACCEPTANCE BY AGENT

I, Jon C. ERICSON, 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.

 7-30-14 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
W5924 Rm OF THE CIM RD LACROSSE WI 54601 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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

