

cust# 201350
 inv 174602

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.) 12

For the license period beginning: X 11-2020 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } LA CROSSE
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization
Dan + Diane King

Applicant's Wisconsin Seller's Permit Number 456-0002663585-03	
FEIN Number 204393748	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 10
<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	\$ 50
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
TOTAL FEE	\$ 80

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

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>KING</u>	(First) <u>DANIEL</u>	(Middle Name) <u>TOWNER</u>	Home Address (Street, City or Post Office, & Zip Code) <u>527 50 17TH ST LACROSSE WI 54601</u>
Vice President / Member Last Name <u>KING</u>	(First) <u>DIANE</u>	(Middle Name) <u>SUSAN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>527 50 17TH ST 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 KING'S KORNER Business Phone Number 608-784-7422
 2. Address of Premises 1321 8TH ST S Post Office & Zip Code LA CROSSE, WI 54601

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.)
ENTIRE FIRST FLOOR OF ONE-STORE BUILDING. (STORAGE: BEER STORE IN BASEMENT AND LIQUOR STORED ON FIRST FLOOR)

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? CHUB'S PUB INC DBA KING'S KORNER

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

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 _____ and date _____ of registration.

NA

(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.) <i>DAN KING</i>	Title/Member <i>Partner</i>	Date <i>11-6-20</i>
Signature <i>[Signature]</i>	Phone Number <i>(608) 784-7422</i>	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>11/11/2020</i>	Date reported to council / board <i>12/10/2020</i>	Date provisional license issued _____	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	