RIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION			Applicant's WI Seller's Permit No.: FEIN Number:	
Submit to municipal clerk.			LICENSE REQUESTED	
For the license period beginning February 12 20 16 ;		TYPE	FEE	
	une 30	20 16	Class A beer	\$ 111.50
	☐ Town of •		Class B beer Class C wine	s 41.70
TO THE GOVERNING BODY of the:	— ······ }	sse		\$
70 17/2 00 V2.44.110 2001 0.410.	☑ City of			S N/A
	_ •		Class B liquor	s 218.35
County of La Crosse	_ Aldermanic Dist. No	(if required by ordinance)	Reserve Class B liquor	\$
1. The named INDIVIDUAL	☐ PARTNERSHIP ☑	LIMITED LIABILITY COMPANY	Class B (wine only) winery	
	NONPROFIT ORGANIZATION			s 20.00
hereby makes application for the alco			TOTAL FEE	\$270.05
Name (individual/partners give last na Animal House II La Crosse LLC	ame, first, middle; corporation	s/limited liability companies give re	gistered name):	
An "Auxiliary Questionnaire," Forr	n AT-103, must be complete	ed and attached to this application	on by each individual applicant, by	y each member of a
partnership, and by each officer, d	irector and agent of a corpo	oration or nonprofit organization,	and by each member/manager an	d agent of a limited
liability company. List the name, title		eacn person. Name Ho	me Address Post C	Office & Zip Code
President/Member	Ryan Russell	Johnson 731 S	ihelly Lane Onalaska WI 54650	·
Vice President/Member	Michael Davi	d Gorder 1108	Newport Lane Holmen WI 54636	
Secretary/Member				
Treasurer/MemberAgent	Make at David	1100	Newport Lane Holmen WI 54636	
Agent PNone	Wilchael Davi	d Gorder 7100	Newport Lane Floring 1741 04000	<u></u>
Directors/Managers None 3. Trade Name Animal House		Pueinee	s Phone Number 783 - 3	3990
4. Address of Premises 110 3rd St	<u> </u>	Post Off	ice & Zin Code	
Address of Fremises F Is individual, partners or agent of corp.				
training course for this license period	i?			. 🗌 Yes 🕒 No
6. Is the applicant an employe or agent	of, or acting on behalf of any	one except the named applicant? .		.□ Yes 🖸 No
7. Does any other alcohol beverage retain	ail licensee or wholesale pern	nittee have any interest in cr contro	of this business?	.□ Yes 🖸 No
8. (a) Corporate/limited liability com	pany applicants only: Inse	rt state WI and d	ate 1/26/2016 of registration.	Clys. Clys
(b) Is applicant corporation/limited lia(c) Does the corporation, or any office	ability company a subsidiary of	of any other corporation of limited if	ability company?	.□ Yes • No
(c) Does the corporation, or any one	der, ullector, stockholder or at her alcohol heverage license i	or permit in Wisconsin?	CY	. Yes
(NOTE: All applicants explain fully or	reverse side of this form ever	erv YES answer in sections 5. 6. 7 a	and 8 above.)	
9. Premises description: Describe build	ling or buildings where alcoho	I beverages are to be sold and stor	ed. The applicant must include	
all rooms including living quarters, if may be sold and stored only on the p	used, for the sales, service, o	onsumption, and/or storage of alco	hol beverages and records. (Alcohol	beverages sement and Office.
10. Legal description (omit if street addre	ess is given above):			
 (a) Was this premises licensed for the (b) If yes, under what name was licensed. 	ne sale of liquor or beer during ense issued? Animal House	g the past license year? of La Crosse LLC		. Yes No
12. Does the applicant understand they	must file a Special Occupation	nal Tax return (TTB form 5630.5)		□ Vaa □ Na
before beginning business? [phone	1-800-937-8864]			. Yes
13. Does the applicant understand they [phone (608) 266-2776]				.⊡ Yes □ No
14. Does the applicant understand that the	hey must curchase alcohol br	everages only from Wisconsin whol	esalers, breweries and brewpubs?.	
READ CAREFULLY BEFORE SIGNING: Und	•			
edge of the signers. Signers agree to operate	this business according to law her of a partnership applicant mu	and that the rights and responsibilities at sign; corporate officer(s), members/r	conferred by the license(s), if granted, managers of Limited Liability Companies	, will not be assigned to s must sign.) Any lack of
access to any portion of a licensed premises do		relosar to permit inspection. Soci relo	sails a misuemeaner and grounds for re	, resultant of Bills floorings.
SUBSCRIBED AND SWORN TO BEFORE	[10 7/2	\sim	
this a th day of Jan	vary, 20	(Officers A) Causoratio	Manpoer/Manager of Umited Liability Cor	npany/Partner/Individual)
, A prim S	1007	Musley	1. J.	
(Clerk/Notary F	Public)	(Officer of Corpo	vation/Member/Manager of Limited Liabilit	y Company/Partner)
My commission expires $6/33$	<u> </u>	(Additional Par	tner(s)/Member/Manager of Limited Liabilit	y Company if Any)
TO BE COMPLETED BY CLERK			Circum of Chall (Danish Chall	
Date received and filed Date re with municipal clerk	eported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
Date license granted Date license	cense issued	License number issued	1	
AT-106 (R. 7-15)			Wisconsi	n Department of Revenue

- 1. Howies Lacrosse LLC
- 2. State Room La crosse LLC
- 3. The Old Crow Lacrosse LLC

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

AT-104 (R. 4-09)	Wisconsin Department of Revenue
Approved on by	Title (town chair, village president, police chief)
I hereby certify that I have checked municipal and state criminal records. To the best of the character, record and reputation are satisfactory and I have no objection to the age	ent appointed.
APPROVAL OF AGENT BY MUNICIPAL AUTH (Clerk cannot sign on behalf of Municipal Of	fficial)
1160 10 Egipti 1 LANE Italiher WH 37656 (home address of agent)	Date of Diffit
1/27/1 (signature of agent) 1/27/1 (date) 1/27/1 (date) (home address of agent)	Date of hirth
2/0 > 14111	
corporation/organization/limited liability company and assume full responsibility for the beverages conducted on the premises for the corporation/organization/limited liability company.	he conduct of all business relative to alcohol company.
1. Michael David Gosilea , h	nereby accept this appointment as agent for the
ACCEPTANCE BY AGENT	
And: ////////////////////////////////////	er/Manager)
(signature of Officer/Member	er/Manager)
(name of corporation/organization/lim	ited liability company)
For: Antimal House II La Crosse LLC (name of corporation/organization/lim	
Place of residence last year 1100 Newsort Lane, Holmon WI	5-4636
How long immediately prior to making this application has the applicant agent resided cor	ntinuously in Wisconsin?
Span La Crass e Houres La Crass LLC Is applicant agent subject to completion of the responsible beverage server training cours	se? Yes No
Yes No If so, indicate the corporate name(s)/limited liability company(ies)	and municipality(ies).
to act for the corporation/organization/limited liability company with full authority and cont to alcohol beverages conducted therein. Is applicant agent presently acting in that capac organization/limited liability company having or applying for a beer and/or liquor license fo	city or requesting approval for any corporation or any other location in Wisconsin?
[home dealess of appearance agony	and of all business relative
appoints Michael David Gorder (name of appointed agent) 1108 Newfort Lane Holmen WI 54636	
HNIMAL HOUSE (trade name) located at 110 3rd St N La Crosse W= 54161	
a corporation/organization or limited liability company making application for an alcohol be	sverage license for a premises known as
City The undersigned duly authorized officer(s)/members/menagers of	
☐ Town To the governing body of: ☐ Village of <u>LA CROSS</u> C	County of La Cresse
All corporations/organizations or limited liability companies applying for a license to sell for iquor must appoint an agent. The following questions must be answered by the agent. The of the corporation/organization or members/managers of a limited liability company are local official.	

Original:

License Fee: 125.00

Renewal:

Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Animal House II La Crosse LLC
Address of above: 731 Shelly Lane, Onalaska WI 54650
Trade name of business: Animal House
Address of premises to be licensed: 110 3rd St N
Business phone number: 608-782-3990
Detailed description of cabaret area to be licensed: Bar area/dance floor area on first floor.
Premises are owned by: Kyle Prentice
Address of owner: 1907 Maryline Court, La Crosse WI 54603
Name of Cabaret Manager (FIRST, MIDDLE & LAST): Michael David Gorder
Home address of Cabaret Manager: 1108 Newport Lane, Holmen WI 54636
Home phone number of Cabaret Manager: 920-988-6746
Daytime phone number of Cabaret Manager: 920-988-6746
Date of Birth of Cabaret Manager:
Was the above person listed as manager on last year's application? Yes No x
Other business to be conducted upon the premises: tavern only
Nature of entertainment: karoake, live bands
License Period: February 12, 2016 to June 30, 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 Sec. 10-100 of the Code of Ordinances for the City of La Crosse. (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? Y / N If yes, attach a list of those lands.
Signature and date
Granted: License #: