

Cust # 163401
Inv # 200036

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Jan 10 2014 20 13
ending December 31st 20 14

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)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>464152429</u>	
LICENSE REQUESTED	
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50.04</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>320.04</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): TOLZMANN Investments 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>Alan Tolzmann</u>	<u>511 5th Ave S LUX</u>	<u>54600</u>
Vice President/Member	<u>Rodney FARL TOLZMANN</u>	<u>16583 City Rd S Beldenville WI 54003</u>	
Secretary/Member	<u>Travis John Tolzmann</u>	<u>404 High Pointe Dr Apt 3 Ellsworth WI 54011</u>	
Treasurer/Member	<u>Sandra Carol Tolzmann</u>	<u>33536 200th St Winnebago MN 56098-4000</u>	
Agent	<u>Brent Alan Roruff</u>	<u>3019 33rd St S La Crosse WI 54601</u>	
Directors/Managers	<u>none</u>		

3. Trade Name Pearl Street Lounge Business Phone Number _____
4. Address of Premises 326 Pearl St 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 OCT 2013 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) bar area
sales/service - Main floor of existing building / storage: Basement & closed by bathrooms on 1st floor

10. Legal description (omit if street address is given above): N/A (1st Floor)
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
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 18th day of November, 20 13
Craig
(Clerk/Notary Public)
My commission expires 11/11/17

Alan Tolzmann
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Travis Tolzmann
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Rodney Tolzmann
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>12/12/13</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>139</u>	

CITY OF LA CROSSE, WI
General Billing - 200036 - 2013
000196-0024, Mark P. 12/12/2013 09:55AM
1634012-NTD
TOLZMANN INVESTMENTS LLC
400.00

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LLC

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.

The undersigned duly authorized officer(s)/members/managers of

Tolzman Investments LLC
(registered name of corporation/organization or LLC)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Pearl Street Lounge
(trade name)

located at 326 Pearl St. La Crosse, WI 54601

appoints Brent Alan Roraff
(first name) (full middle name) (last name of appointed agent)

3019 33rd St. 3 La Crosse WI 54601
(home address of appointed agent) (street address) (city) (state) (zip code)

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 the 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 corporation name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage service training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 7 Years

Place of residence last year 3019 33rd St. S #2 La. Crosse, WI 54601

For: Tolzman Investments LLC
(name of corporation/organization/limited liability company)

By: [Signature] Date: 11-18-13
(signature of President/Member)

And: [Signature] Date: 11-18-13
(signature of Secretary/Member)

ACCEPTANCE BY AGENT

I, Brent Alan Roraff, hereby accept this appointment as agent for
(first name) (full middle name) (last name)

the 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] 11-18-13 Agent's age 32
(signature of agent) (date) (date of birth)

3019 33rd St. La Crosse WI 54601 Daytime phone 608-769-0460
(home address) (city) (state) (zip code)

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 12/16/13 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Original: *X*

License Fee: \$100.00

Renewal:

Invoice #:

APPLICATION FOR *INDOOR CABARET LICENSE*

Legal Name: TOLZMANN INVESTMENTS LLC

Address of above: 326 PEARL ST, LA CROSSE WI 54601

Trade name of business: *Pearl Street Lounge*

Address of premises to be licensed: 326 PEARL ST, LA CROSSE WI 54601

Business phone number:

Detailed description of cabaret area to be licensed: *Front west corner of ~~Bar~~ 1st Floor*

Premises are owned by: *Steve Haars | 608-386-3404*

Address of owner: *330 Pearl St*

Name of manager (FIRST, MIDDLE & LAST): *Brent Alan Roraff*

Home address of manager: *3019 33rd St S, LACROSSE WI 54601*

Home phone number: *608-769-0406*

Daytime phone number: *608-769-0400*

Date of Birth: [REDACTED]

Was the above person listed as manager on last year's application? Yes No

Other business to be conducted upon the premises: *Bar/Restaurant*

Nature of entertainment: *DJ - KARAOKE*

License Period: *Jan 10, 2013 - June 30, 2014*

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 20 of the Code of Ordinances for the City of La Crosse.

[Signature] 11-18-13
(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 #: 82

CITY OF LA CROSSE, WI
General Billing - 200036 - 2013
000196-0024 Mark P. 12/12/2013 09:55AM
1634013 - TOLZMANN INVESTMENTS LLC
Payment Amount: 400.06