

REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

License Fee: \$ 100⁰⁰ (*additional \$50.00 tent fee, if applicable) Receipt #: 139537

\$100.00 Cash Deposit at City Treasurer on: NA private property private

The undersigned licensee requests permission to expand the following licenses onto private property for the purpose set forth below (check all that apply):

- Combination "Class B" Beer & Liquor
- Class "B" Beer
- "Class C" Wine
- Class "A" Beer
- Class "A" Beer & "Class A" Liquor

CHECK ONE: Individual Partnership Corporation LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): Howie's - LaCrosse LLC

TRADE NAME: Howie's

NAME OF AGENT (If Corporation/LLC): Ryan Russell Johnson
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 1128 LaCrosse St.

BUSINESS PHONE NUMBER: 608 784 7400

DATE OF EXPANSION: 9-10-16 TIME OF EXPANSION (start & end times): Mon - Sun

*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No If yes, add \$50.

ATTACH DETAILED DESCRIPTION OF EVENT AREA **AND** ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

DESCRIBE ENTERTAINMENT TO BE PROVIDED, if any. Games in lot
(NOTE: If there will be live music in the expanded area, also apply for a Special Event Outdoor Cabaret license.)

CONTACT PERSON: Ryan Russell Johnson
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 731 Shelly Lane, Onalaska, WI

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608 317 5353

REASON FOR EXPANSION REQUEST: Ability to have beverage in lot while playing games.

NUMBER OF PEOPLE ATTENDING THIS EVENT: ~ 100

I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol ~~consumption~~, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

CITY OF LA CROSSE, WI
General Billing - 139537 - 2016
002976-0046 Crystal H 07/12/2016 11:57AM
1653 - HOWIE'S LA CROSSE LLC

[Signature] 7-12-16
Signature of **PRESIDENT** of Corporation/Partner/Individual/Member Date

[Signature] 7-12-16
Signature of **SECRETARY** of Corporation/Partner/Member Date

Payment Amount: 100.00

For Office Use Only:
 Introduced - Council Meeting: 7/14/16 (applicant does not need to attend this meeting)
 J & A Meeting: 8/2/16 (public hearing, attendance recommended) Council Meeting: 8/11/16 (final action)
 Original - Council Copy Copy - Applicant Copy - Licensing Clerk

DEPARTMENT OF CITY CLERK OF ALBANY, NEW YORK (MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

License Fee: \$ _____ (Additional \$50.00 rent fee, if applicable) Receipt #: _____

\$100.00 Cash Deposit at City Treasurer on: _____ NA _____

The undersigned license requests permission to expand the following license into public property for the purpose set forth below (check all that apply):

Combination "Class B" Beer & Liquor _____
Class "B" Beer _____
Class "C" Wine _____
Class "A" Beer & "Class A" Liquor _____
Class "A" Beer _____

CHECK ONE: _____ Individual _____ Partnership _____ Corporation _____ LLC _____

LEGAL/FORMAL NAME (Individual/Partnership/Corporation/LLC): _____

TRADE NAME: _____

NAME OF AGENT (if Corporation/LLC): _____
(Full Name - First, Full Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: _____

BUSINESS PHONE NUMBER: _____

DATE OF EXPANSION: _____ TIME OF EXPANSION (start & end times): _____

WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes _____ No _____ If yes add \$20.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the tenting will be placed, where entrances (a) and exits (e) will be and size of each, dimensions of tent (if a tent is used), and placement of port-holes.

DESCRIBE ENTERTAINMENT TO BE PROVIDED, if any: _____

NOTE: If there will be live music in the expanded area, also apply for a Special Event Outdoor Cabaret license.

CONTACT PERSON: _____
(Full Name - First, Full Middle & Last)

ADDRESS OF CONTACT PERSON: _____

DAYTIME PHONE NUMBER OF CONTACT PERSON: _____

REASON FOR EXPANSION REQUEST: _____

NUMBER OF PEOPLE ATTENDING THIS EVENT: _____

AT THE TIME OF APPLICATION, applicant shall provide to the City Clerk a certificate of insurance describing the event and providing liability insurance in the amount of \$1,000,000.00 per occurrence and ordered naming the City of Albany as an additional insured.

I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcoholic beverages, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

Signature of PRESIDENT of Corporation/Partnership/Member: _____
Date: _____

Signature of SECRETARY of Corporation/Partnership/Member: _____
Date: _____

For Office Use Only:
Produced - Council Meeting _____ (applicant does not need to attend this meeting)
Public Meeting Attendance (non-member) _____
Council Meeting _____
Copy - Applicant _____
Copy - Licensee _____
Copy - Council _____
Copy - Other _____

ALLEY

DUMPSTERS

Garage

Port
o
Potty

PATIO

Enter/
Exit

Immunum 1

Entrance

Heavis

AC
UNIT

FENCE

FENCE

Enter/Exit

12th STREET

