



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One:  New  Renewal For the license period \_\_\_\_\_ to \_\_\_\_\_ Fee \$ 135

<b>BUSINESS INFORMATION*</b>			
Legal/Real Name: <u>The Muse Theatre</u>			
Address of Above: Street <u>1353 Avon Street</u>		City <u>La Crosse</u>	State <u>WI</u> Zip Code <u>54603</u>
<b>PREMISES INFORMATION</b>			
Trade Name of Business: <u>The Muse Theatre</u>			
Address of premises to be Licensed: <u>1353 Avon St.</u>			Business Phone Number: <u>608-397-3752</u>
Premises are Owned By: <u>Vicki &amp; Don Elwood</u>			
Address of Owner: Street <u>1353 Avon St</u>		City <u>La Crosse,</u>	State <u>WI</u> Zip Code <u>54603</u>
<b>CABARET INFORMATION</b>			
Detailed description of cabaret area to be licensed: <u>Theatre</u>			
Nature of Entertainment: <u>The Muse Theatre</u>			
Other Business Conducted upon the premises: <u>Salon Medusa in back</u>			
<b>MANAGER INFORMATION*</b>			
Cabaret Manager Name: First <u>Vicki</u>		Middle <u>Lynn</u>	Last <u>Elwood</u>
Cabaret Manager Home Address: Street <u>1353 Avon St.</u>		City <u>La Crosse,</u>	State <u>WI</u> Zip Code <u>54603</u>
Home Phone Number of Cabaret Manager: <u>608 397-3752</u>		Daytime Phone Number of Cabaret Manager: <u>same</u>	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>			

\*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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.

Vicki Elwood  
Signature of Applicant 6/21/2021  
Date

<b>OFFICE USE ONLY</b>			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:

# Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			