

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning March 10 20 17 ; ending JUNE 30 20 17

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of LA CROSSE

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

1. The named [] INDIVIDUAL [] PARTNERSHIP [x] 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): LDS Eagles Nest 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Includes entries for JON CHRISTOPHER ERICKSON as President/Member and Agent.

3. Trade Name: Eagles Nest Business Phone Number
4. Address of Premises: 1914 CAMPBELL RD 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? [x] Yes [] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 8/14 of registration. (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [x] 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? [x] Yes [] No

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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) S&S - ENTIRE FIRST FLOOR OF ONE-STORY BUILDING.

- 10. Legal description (omit if street address is given above): STORAGE - FIRST FLOOR AND BASEMENT.
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [] No (b) If yes, under what name was license issued? JEFFRIES ENTERPRISES INC DBA EAGLES NEST SPORTS BAR & GRILL
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] [x] Yes [] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. [x] Yes [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] 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 26th day of January 2017

[Signature of Clerk/Notary Public]

My commission expires 3-13-2020



[Signature of Officer/Member/Manager]

[Signature of Officer/Member/Manager]

[Signature of Additional Partner(s)/Member/Manager]

Table: LICENSE REQUESTED. Columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Rest rve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE (\$ 220,04).

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, Date license issued, License number issued, Signature of Clerk / Deputy Clerk.

COPY

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

Submit to municipal clerk.

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.

To the governing body of: [] Town [] Village of LA CROSSE County of LA CROSSE [x] City

The undersigned duly authorized officer(s)/members/managers of LD's Eagles Nest LLC (registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Eagles Nest (trade name)

located at 1914 CAMPBELL RD, LA CROSSE WI 54601

appoints JON CHRISTOPHER ERICKSON (name of appointed agent)

W5924 RIM OF THE CITY RD, LA CROSSE WI 54601 (home address of appointed agent)

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 that 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?

[x] Yes [] No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). VINE STREET GROUP D/B/A THE FREIGHT HOUSE RESTAURANT, 107 VINE ST

Is applicant agent subject to completion of the responsible beverage server training course? [x] Yes [] No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 48

Place of residence last year W5924 RIM OF THE CITY RD, LA CROSSE WI 54601

For: [Signature] (name of corporation/organization/limited liability company)

By: [Signature] (signature of Officer/Member/Manager)

And: [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, JON CHRISTOPHER ERICKSON (print/type agent's name), hereby accept this appointment as agent for 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] (signature of agent) 1-26-17 (date) Agent's age

W5924 RIM OF THE CITY RD, LA CROSSE WI 54601 (home address of agent) Date of birth

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 (date) by (signature of proper local official) Title (town chair, village president, police chief)