

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: Sept. 12 ending: June 30, 2019  
(mm dd yyyy) (mm dd yyyy)

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)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

| Applicant's Wisconsin Seller's Permit Number<br><b>456-1029473564-02</b> |                  |
|--|------------------|
| FEIN Number<br><b>83-3138038</b>   |                  |
| TYPE OF LICENSE REQUESTED  | FEE              |
| <input type="checkbox"/> Class A beer                                    | \$               |
| <input checked="" type="checkbox"/> Class B beer                         | \$ <b>83.40</b>  |
| <input type="checkbox"/> Class C wine                                    | \$               |
| <input type="checkbox"/> Class A liquor                                  | \$               |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A           |
| <input checked="" type="checkbox"/> Class B liquor                       | \$ <b>416.70</b> |
| <input type="checkbox"/> Reserve Class B liquor                          | \$               |
| <input type="checkbox"/> Class B (wine only) winery                      | \$               |
| Publication fee  | \$ <b>20.00</b>  |
| <b>TOTAL FEE</b>   | \$ <b>520.10</b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Lighthouse Hospitality 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 full name and place of residence of each person.

| President / Member Last Name                         | (First)                  | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)   |
|--|--------------------------|----------------------------------|--|
| <u>Roland</u>  | <u>Gabrielle</u>         | <u>Mauvé</u>                     | <u>1518 Ferry St. La Crosse 54601</u>  |
| Vice President / Member Last Name<br><u>Thompson</u> | (First)<br><u>Dustin</u> | (Middle Name)<br><u>Curtis</u>   | Home Address (Street, City or Post Office, & Zip Code)<br><u>1518 Ferry St. La Crosse WI 54601</u> |
| Secretary / Member Last Name<br><u>Ryan</u>          | (First)<br><u>20A</u>    | (Middle Name)<br><u>Dolphy</u>   | Home Address (Street, City or Post Office, & Zip Code)<br><u>916 15th St. S. LaCrosse</u>          |
| Treasurer / Member Last Name<br><u>Beard</u>         | (First)<br><u>Peter</u>  | (Middle Name)<br><u>Nicholas</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>916 15th St. S. LaCrosse</u>          |
| Agent Last Name                                      | (First)                  | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)   |
| Directors / Managers Last Name                       | (First)                  | (Middle Name)                    | Home Address (Street, City or Post Office, & Zip Code)   |

1. Trade Name Fat Porcupine Business Phone Number tbl  
 2. Address of Premises 127 4th St. S. Post Office & Zip Code La Crosse 54601

3. 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.)  
*Sales & Service:* First floor of Reuter-Mader building, approximately 2,363 square feet.  
Storage: behind bar and in locked cabinet in basement room at base of stair.

4. Legal description (omit if street address is given above): SEE Above Address

5. (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? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No

CITY OF BUSINESS  
General Billing - 200145 - 2019  
007059-0050 Courtney... 08/14/2019 03:19PM  
197478 - LIGHTHOUSE HOSPITALITY LLC

Payment Amount: 520.10

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 01/14/2019 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  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? If yes, explain.  Yes  No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license are not to be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

|  |                                       |   |
|--|---------------------------------------|---|
| Contact Person's Name (Last, First, M.I.)<br><u>Riland, Gabrielle M.</u> | Title/Member<br><u>Manager Member</u> | Date<br><u>08.14.19</u>                       |
| Signature<br><u>Gabrielle M. Riland</u>                                  | Phone Number<br><u>(612) 910-3966</u> | Email Address<br><u>bnie@fatporcupine.com</u> |

**TO BE COMPLETED BY CLERK**

|  |                                  |                                 |                                   |
|--|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><u>8/14/2019</u> | Date reported to council / board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted   | Date license issued              | License number issued           |                                   |

# 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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of La Crosse County of La Crosse

The undersigned duly authorized officer/member/manager of Lighthouse Hospitality 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 Fat Porcupine  
(Trade Name)

located at 127 4th St S La Crosse WI 54601

appoints Gabrielle Roland  
(Name of Appointed Agent)

1518 Ferry St 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?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 4 months

Place of residence last year N 1st St. Minneapolis, MN 55401

For: Lighthouse Hospitality, LLC  
(Name of Corporation / Organization / Limited Liability Company)  
By: [Signature]  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Gabrielle Roland, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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] 09-14-2019 Agent's age 34  
(Signature of Agent) (Date)  
1518 Ferry St La Crosse WI 54601 Date of birth \_\_\_\_\_  
(Home Address of Agent)

### 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 8-21-19 by [Signature] Title Chief of Police  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Original:

License Fee: 135.00

Renewal:

Invoice #: 167381

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Lighthouse Hospitality LLC

Address of above: 1518 Ferry St, La Crosse, WI 54601

Trade name of business: Fat Porcupine

Address of premises to be licensed: 127 4th St. S, La Crosse, WI 54601

Business phone number: TBA

Detailed description of cabaret area to be licensed: stage in SW corner of premises and floor area in front of stage - see Sales + Service 1st fl. of building approx. ← Desc. 2,363 sq. ft.

Premises are owned by: DALE BERG

Address of owner: 121 4th St. S, La Crosse, WI 54601

Name of Cabaret Manager (FIRST, MIDDLE & LAST): PETER N BEARD

Home address of Cabaret Manager: 916 15th St. S, La Crosse, WI 54601

Home phone number of Cabaret Manager: (208) 596-1842

Daytime phone number of Cabaret Manager: SAME AS ABOVE

Date of Birth of Cabaret Manager: \_\_\_\_\_

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

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

Nature of entertainment: Karaoke, Drag show

License Period: 19-20

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] 8.14.19  
(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 #: \_\_\_\_\_

**PERSONAL DATA SHEET**  
(PLEASE PRINT ALL INFORMATION)

Each Officer 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".

**Name of Manager/Person in Charge:** Beard, Peter Nicholas  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 916 15<sup>th</sup> St. S. La Crosse WI  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: 208-596-1842  
*Cell*  
Violations: Alcohol bev. possess/consume/purchase by minor, IDAHO

**Name of Officer:** Roland, Gabrielle Mauve  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 1518 Ferry St. La Crosse WI  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: 612-910-3966  
*Cell*  
Violations: \_\_\_\_\_

**Name of Officer:** Thompson, Dustin Curtis  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 1518 Ferry St. La Crosse WI  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: 612-849-8727  
*Cell*  
Violations: \_\_\_\_\_

**Name of Officer:** Ryan, Zoia Dolphy  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 916 15<sup>th</sup> St. S. La Crosse WI  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: 320-282-3624  
*Cell*  
Violations: DWI-2004, Theft of Service-2003, Driving after Suspension-2006, DWI-2007

**Name of Officer:** Beard, Peter Nicholas  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 916 15<sup>th</sup> St. S. La Crosse  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: 208-596-1842  
*Cell*  
Violations: See Above - Manager



*TERI LEHRKE, WCPC, City Clerk*  
400 LA CROSSE STREET  
LA CROSSE, WISCONSIN 54601  
PHONE (608) 789-7510  
FAX (608) 789-7552  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

**NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE  
IN THE CITY OF LA CROSSE**

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for an Indoor Cabaret license under Sec. 10-140(c) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

**Lighthouse Hospitality LLC dba Fat Porcupine  
at 127 4<sup>th</sup> St. S., La Crosse, WI 54601**

This application will be considered at the following meetings which are held in the Council Chambers at City Hall (400 La Crosse Street):

**Judiciary & Administration Committee – Tuesday, September 3, 2019 at 6:00 p.m.  
Common Council Meeting – Thursday, September 12, 2019 at 6:00 p.m.**

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

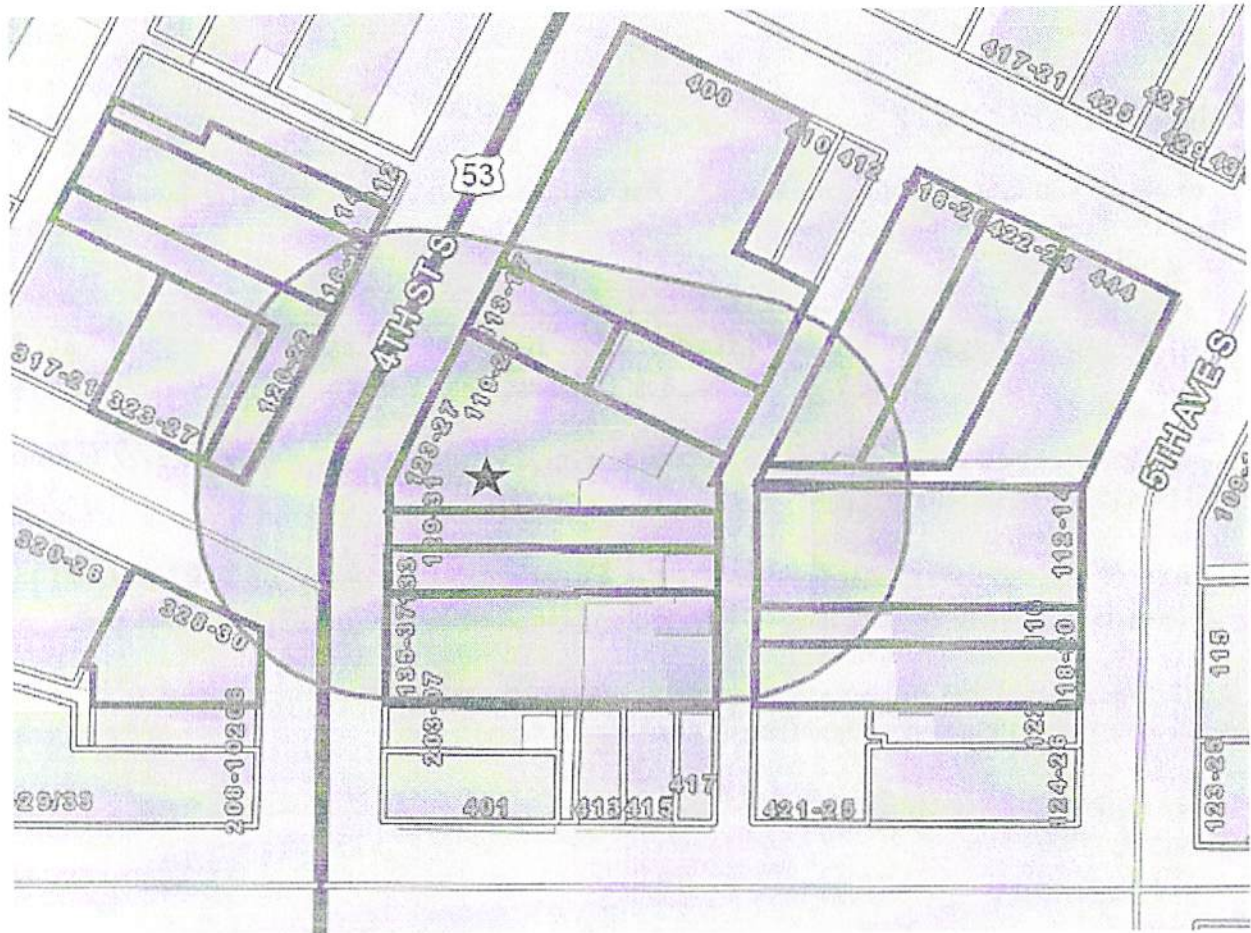
This notice is given pursuant to the order of the Common Council of the City of La Crosse.  
19<sup>th</sup> of August, 2019

A handwritten signature in cursive script that reads "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk  
City of La Crosse

slc

STEPHEN D HARM  
806 STARLIGHT DR  
HOLMEN WI 54636



Lighthouse Hospitality LLC dba Fat Porcupine  
127 4<sup>th</sup> St. S.  
Original Indoor Cabaret

| Tax Parcel Number | OwnerName   | PROPADDCOMP   | MailingAddress       | MailCityStateZip   |
|-------------------|---|---|----------------------|--------------------|
| 17-20033-40       | 4 SISTERS CATERING LLC  |   |                      |                    |
| 17-20023-10       | BOOT COAT LLC   | 133 4TH ST S, APT A, B, C, D                        | 133 4TH ST S         | LA CROSSE WI 54601 |
| 17-20023-10       | BOOT COAT LLC   | 115 4TH ST S  | 113 4TH ST S         | LA CROSSE WI 54601 |
| 17-20023-10       | BOOT COAT LLC   | 117 4TH ST S  | 113 4TH ST S         | LA CROSSE WI 54601 |
| 17-20017-110      | CHRISTINE A KAHLOW  | 113 4TH ST S, APT 1 & 2                             | 113 4TH ST S         | LA CROSSE WI 54601 |
| 17-20023-60       | CROSSFIRE INCORPORATED  | 323, 325, 327 PEARL ST                              | 823 CASS ST          | LA CROSSE WI 54601 |
| 17-20023-35       | DALE B BERG   | 422, 424 MAIN ST                                    | 422 MAIN ST          | LA CROSSE WI 54601 |
| 17-20023-35       | DALE B BERG   | 121, 123, 125, 127 4TH ST S                         | 121 4TH ST S         | LA CROSSE WI 54601 |
| 17-20023-35       | DALE B BERG   | 119 4TH ST S STE 201 & 301                          | 121 4TH ST S         | LA CROSSE WI 54601 |
| 17-20023-50       | DLL PROPERTIES LLC  | 125 4TH ST S APT 201, 202, 203                      | 121 4TH ST S         | LA CROSSE WI 54601 |
|                   |   | 418, 420 MAIN ST                                    | 418 MAIN ST          | LA CROSSE WI 54601 |
|                   |   | 400 MAIN ST, STE 101-105, 201-203, 301-303, 401-405 |                      |                    |
| 17-20022-110      | DOERFLINGERS SECOND CENTURY INC                                 | 400 MAIN ST, M1 & M2                                | 1222 CASS ST         | LA CROSSE WI 54601 |
| 17-20023-11       | DOERFLINGERS SECOND CENTURY INC                                 | 115, 117 4TH ST S                                   | 116 5TH AVE S        | LA CROSSE WI 54601 |
| 17-20023-11       | DOERFLINGERS SECOND CENTURY INC                                 | 113 4TH ST S, APT 1 & 2                             | 116 5TH AVE S        | LA CROSSE WI 54601 |
| 17-20033-50       | FRED THOMAS WAKEEN, WAKEEN FAMILY PARTNERSHIP LLP, DEBRA WAKEEN | 135, 137 4TH ST S                                   | 135 4TH ST S         | LA CROSSE WI 54601 |
| 17-20033-50       | FRED THOMAS WAKEEN, WAKEEN FAMILY PARTNERSHIP LLP, DEBRA WAKEEN | 137 4TH ST S  | 135 4TH ST S         | LA CROSSE WI 54601 |
| 17-20023-80       | I & B OF LACROSSE LLC   | 444 MAIN ST   | 2000 N HILLCREST PKY | ALTOONA WI 54720   |
| 17-20034-40       | I & B OF LACROSSE LLC   | 112, 114 5TH AVE S                                  | 2000 N HILLCREST PKY | ALTOONA WI 54720   |
| 17-20017-130      | JEFFREY W HOTSON  | 120, 122 4TH ST S                                   | 120 4TH ST S         | LA CROSSE WI 54601 |
| 17-20017-140      | LEITHOLD PIANO CO INC   | 116, 118 4TH ST S                                   | 116 4TH ST S         | LA CROSSE WI 54601 |
| 17-20034-30       | MICHAEL R KEIL, KAREN H KEIL                                    | 116 5TH AVE S                                       | 1222 CASS ST         | LA CROSSE WI 54601 |
| 17-20034-30       | MICHAEL R KEIL, KAREN H KEIL                                    | 116A 5TH AVE S                                      | 1222 CASS ST         | LA CROSSE WI 54601 |
| 17-20033-30       | PENNY L FASSLER   | 129 4TH ST S  | 129 4TH ST S         | LA CROSSE WI 54601 |
| 17-20033-30       | PENNY L FASSLER   | 131 4TH ST S, APT 201 & 202                         | 129 4TH ST S         | LA CROSSE WI 54601 |
| 17-20032-30       | STEPHEN D HARM  | 328, 330 PEARL ST                                   | 806 STARLIGHT DR     | HOLMEN WI 54636    |
| 17-20018-20       | THOMAS J KAPELLAS, SANDRA V KAPELLAS                            | 114 4TH ST S  | 114 4TH ST S         | LA CROSSE WI 54601 |