



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS

INFORMATION SUBMITTAL

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

APPLICANT

Legal/Real Name of Business:

Pearl 19 LLC

Trade Name:

Boots

Address:

Street

City

State

Zip Code

316-318 Pearl St

La Crosse

WI

54601

Telephone Number:

608-792-8451

Website:

ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license must be activated within 90 days of being granted pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening: August 1, 2025

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that if there is any change to the license or licensee information, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., the City Clerk will be notified within 15 days.

BUSINESS PLAN

Type of Establishment:

- ☒ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☐ Other _____

Hours of Operation:

Tuesday - Sunday 4pm until

Anticipated Number of Employees:

15

Other Business to Be Conducted on Premise:

none

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

95 % Alcohol 5 % Food 0 % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):

Indoor _____

Outdoor, if applicable _____

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.

If yes, a beer garden license or outdoor dining permit may be required.

No

Will there be live entertainment (music or dancing) on premise? If yes, explain.

If yes, a cabaret license will be required.

Yes - limited acoustic / bands

Do you have off-street parking? ☐ Yes ☒ No

If yes, how many parking spaces? _____

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

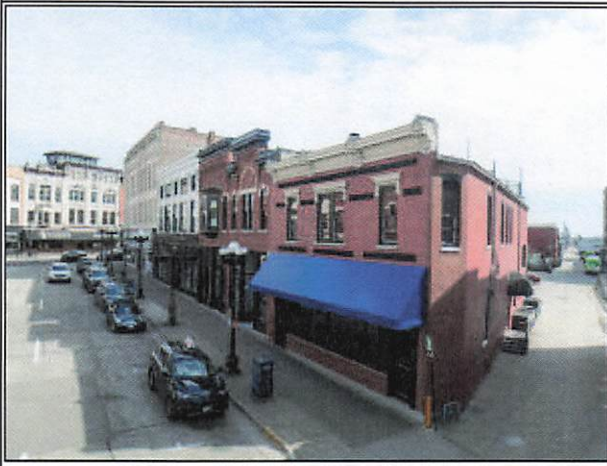
In addition to supplying the above information which is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Signature _____

Date 6-24-25

FOR OFFICE USE - City Clerk's Office checklist for complete applications

- ☒ Completed applications and fee
- ☒ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement or other proof of control of premise
- ☒ Contact Information Sheet
- ☒ Articles of Incorporation
- ☐ WI Seller's Permit Certificate
- ☒ FEIN
- ☒ Floor Plan
- ☒ Site Plan
- ☒ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling



Property Type: Comm/Industrial
Status: Active
Taxes: \$6,400
County: La Crosse
Seller Offers Concessions:

List Price: \$699,000
Tax Key: 017020032050
For Sale/Lease: For Sale Only
Est. Acreage: 0.3
Tax Year: 2023
Days On Market: 76

Est. Total Sq. Ft.: 2,800
Flood Plain: No
Occ. Permit Required:
Zoning: COMM

Est. Year Built: 1950
Year Established:
Parking: 0
Occupied: N

Bus/Com/Ind: Commercial
Name of Business:
Industrial Park Name:
Lease Amount: \$ /
Avg Rent/SqFt: \$0

Sched. Gross Income: \$0
Gross Operating Inc: \$0
Net Operating Income: \$0
Total Operating Exp: \$0
Vacancy Allowance: \$

Directions: Take 4th Street from Cass. left on Pearl. Building is located on the left side next to Jimmy Johns.

Type Commercial:	Special Purpose	Heating/Cooling:	Natural Gas; Central Air; Forced Air
Type of Business:	Beer/Liquor	Water/Waste:	Municipal Water; Municipal Sewer
Location:	Corner; Business District; Near Public Transit	Municipality:	City
# of Stories:	2	Miscellaneous:	Furniture
Proximity to HWY:	0-1 Miles	Occupied:	Vacant
Road Frontage:	Town/City Road; High Visibility; Paved Road; Near Public Transit	Basement:	Full
Exterior:	Brick	Expenses Include:	None
Roofing:	Rubber	Sale Includes:	Real Estate
Avg Ceiling Height:	11'-15'	Occupancy:	See Listing Broker
Truck Door Height:	No Truck Door		

Remarks: Are you an Entrepreneur searching for that PRIME location for your next Tavern and would like to own a piece of Downtown La Crosse Wisconsin market? Located between two major highways with heavy walking traffic, this is a great spot for locals and visitors alike. Surrounding area is full of Restaurants, Taverns, Local Shops.

Exclusions: Seller's Personal Property

Listing Office: Gerrard-Hoeschler, REALTORS: 5006ofs

LO License #: 834038-91

The information contained herein is provided for general information purposes only. If any of the above information is material or being utilized to determine whether to purchase the property, the buyer should personally verify same or have it confirmed by a qualified expert. The information to independently verify and confirm includes but is not limited to total square footage formula, total square footage / acreage figures, land, building or room dimensions and all other measurements of any sort or type. Equal housing opportunity listing. Copyright 2025 by Multiple Listing Service, Inc. See [copyright notice](#).

Prepared by Brian McCarty on Wednesday, June 25, 2025 11:32 AM.

Thrunies-BM-1



Thrunies-BVM-07



Thrunies-BM-2



Thrunies-BVM-33



Thrunies-BVM-17



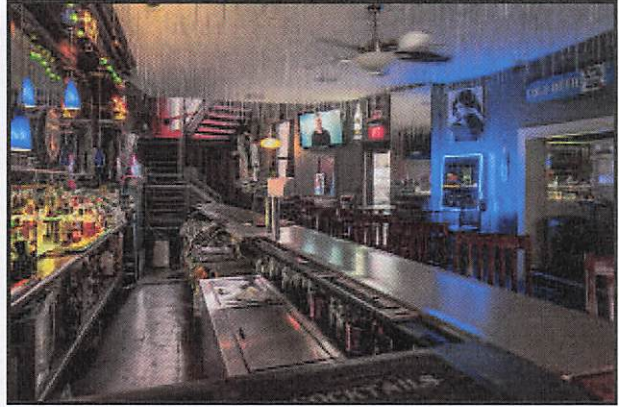
Thrunies-BVM-16



Thrunies-BVM-27



Thrunies-BVM-26



Thrunies-BM-4



Thrunies-BM-3



Thrunies-BVM-06



Thrunies-BVM-32



Thrunies-BVM-25



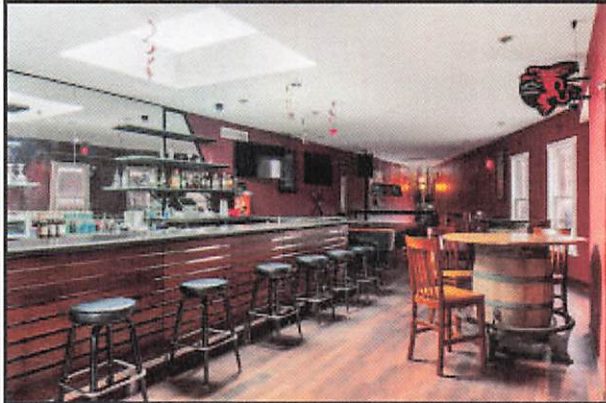
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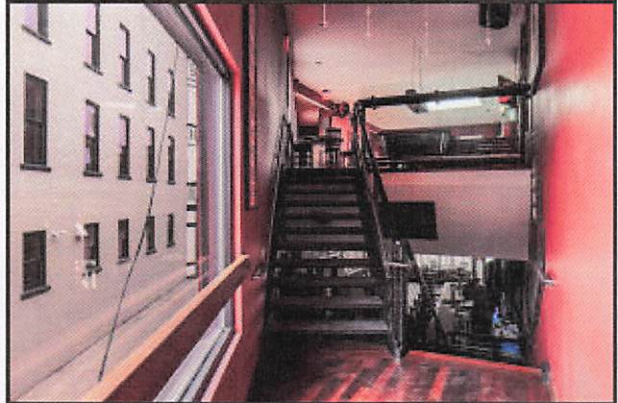
Thrunies-BVM-23



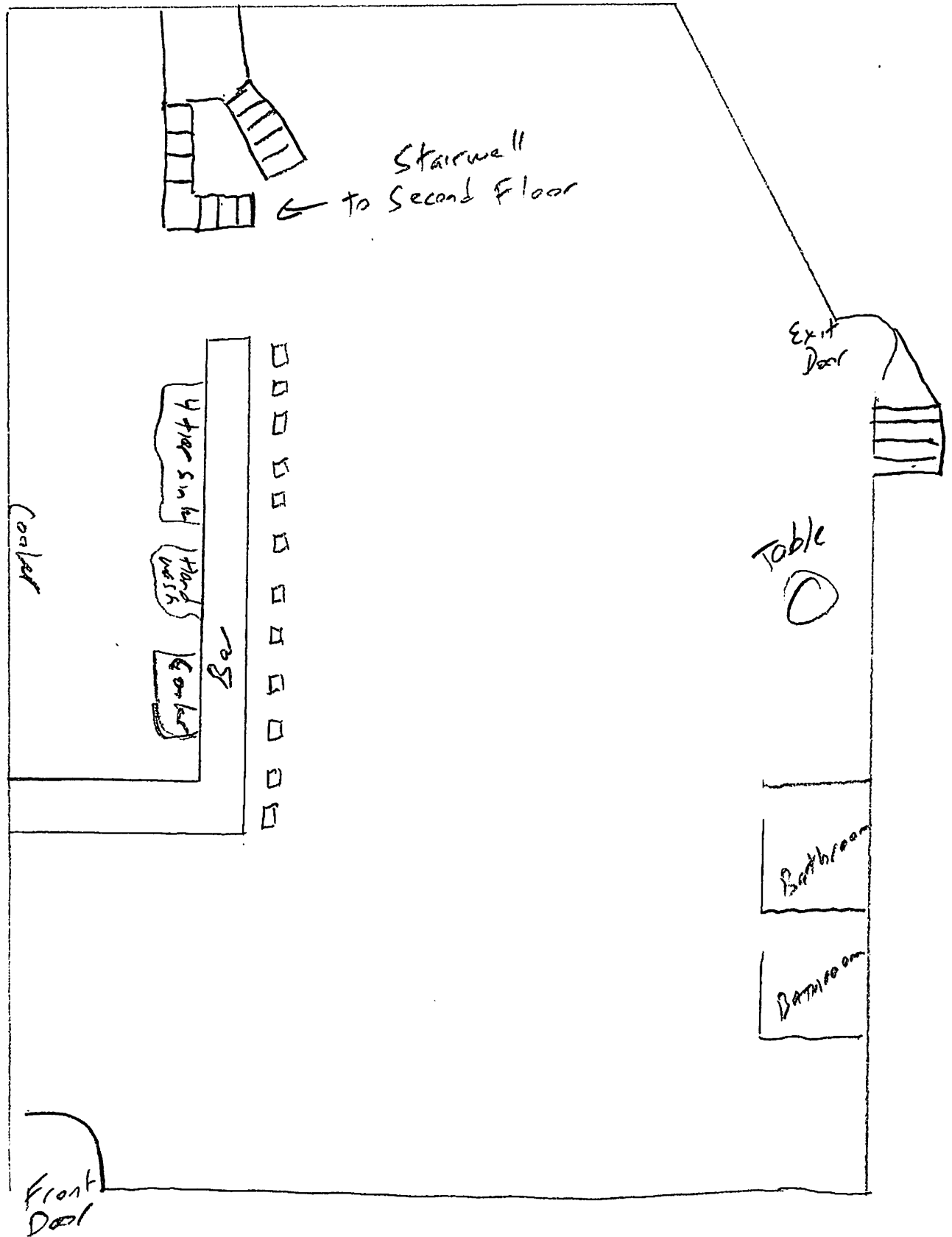
Thrunies-BVM-20



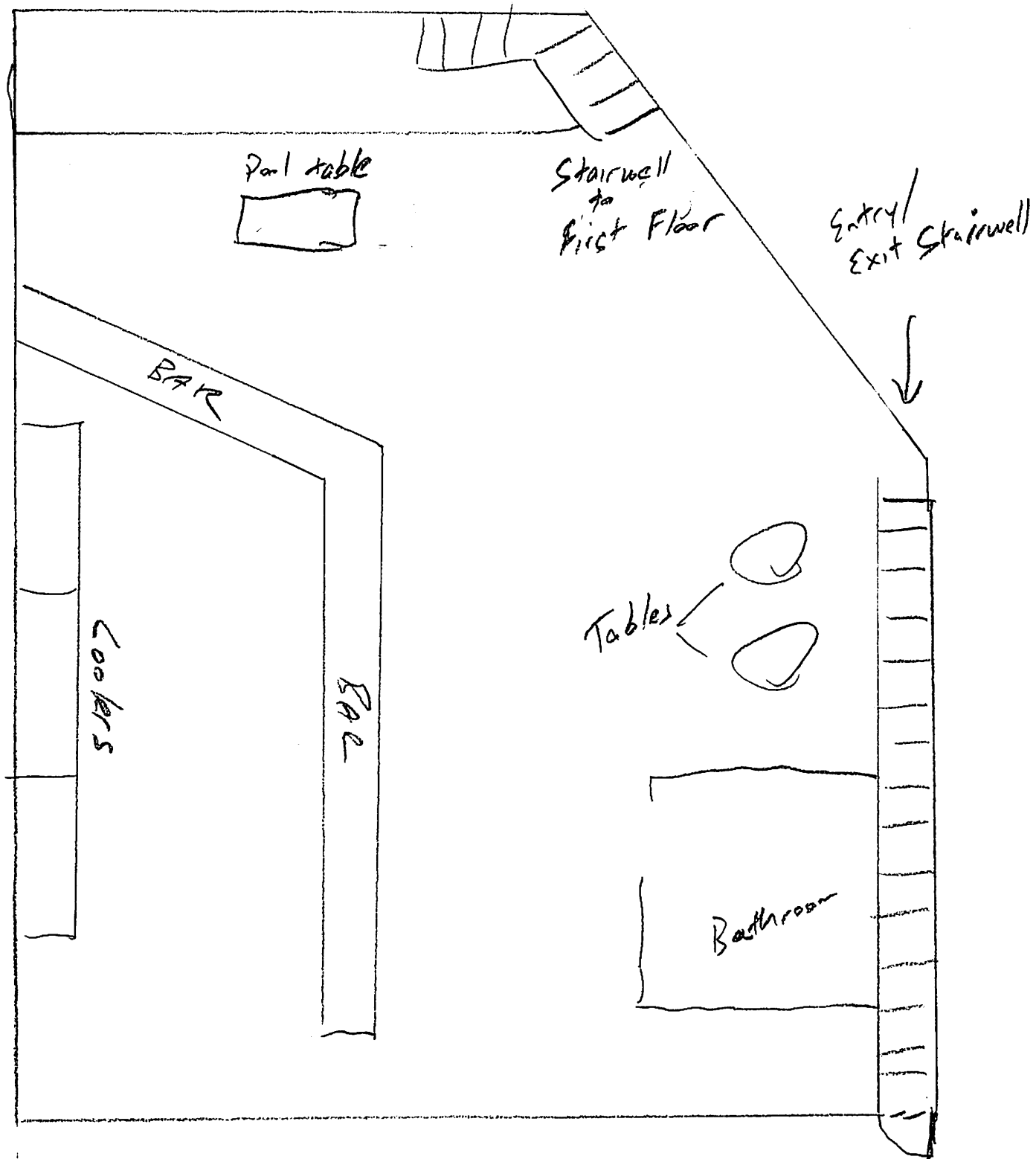
Thrunies-BVM-13



318 Pear 1 (1st Floor)



316 Pearl (2nd Floor)



Part I

Legal/Real Name of Current Licensee: Brady Deann Thron
Premises Address: 318 Pearl Street
Trade Name: Thronie's Classic Cocktails

This is to advise that the undersigned is surrendering the following license(s)

Combination "Class B" Beer & Liquor

Class “B” Beer

Class "A" Beer and/or "Class A" Liquor (circle which apply)

Wholesale Beer

“Class C” Wine

to: Pearl 19 LLC → Boots
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

Brian McCarty
President, Member, Partner, Individual

President, Member, Partner, Individual

Current Licensee

Brady Thrun
President, Member, Partner, Individual

President, Member, Partner, Individual

Secretary, Member, Partner

Secretary, Member, Partner

State of Wisconsin)
County of La Crosse) ss.

On the 20th day of June, 2025 personally came before me _____, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Current Licensee** and acknowledged that s/he executed the foregoing document.

Cody Denzel
Notary Public
La Crosse County, Wisconsin
My Commission expires: 11/3/2026

Notary Public

La Crosse

County, Wisconsin

My Commission expires: 11/3/2026

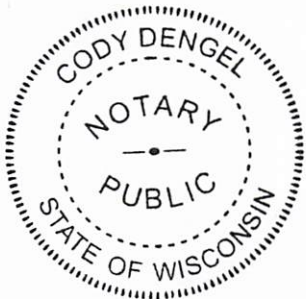
State of Wisconsin)
) ss.
County of La Crosse)

On the _____ day of _____, 20____, personally came before me _____, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and acknowledged that s/he executed the foregoing document.

Notary Public

County, Wisconsin

My Commission expires: _____



SURRENDER OF LICENSE

Part II

6-20-25

Date

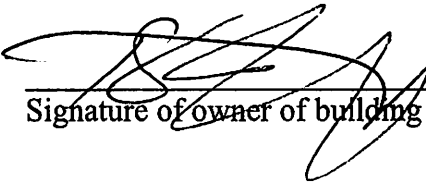
City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at 318 PEARL ST., La Crosse, Wisconsin.

I have entered into a lease for the above property effective _____ with _____
(Strike sentence if not applicable.)

Further, this letter is to document that said owner or tenant has control of the premises, and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,


Signature of owner of building

Printed name of owner: Ryan Johnson; RRS Holdings, L.L.C.

Home address of owner: 1225 LAURENDALE PL., ONALASKA, WI. 54650

Daytime phone number of owner: 608 317-5353

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$ 620

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Pearl 19 LLC

2. Business Trade Name or DBA

Boots

3. FEIN

39-2858384

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

6-24-25

8. Wisconsin DFI Registration Number

P095617

9. Premises Address

318 Pearl Street

10. City

La Crosse

11. State

WI

12. Zip Code

54601

13. County

La Crosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: La Crosse

15. Aldermanic District

16. Premises Phone

608-792-8451

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol will be served - 1st Floor, 2nd Floor
Alcohol will be stored - Basement, 1st Floor, 2nd Floor
Records will be stored - Basement

20. Mailing Address (if different from premises address)

1806 EASTWOOD LN

21. City

La Crosse

22. State

WI

23. Zip Code

54601

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

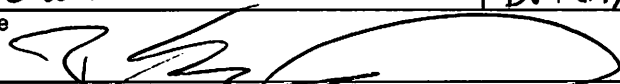
Last Name	First Name	Title	Phone
McCarty IV	Brian K	Owner	608-792-8451
Douglass	Anthony	Owner	414-520-4980

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name McCarty IV	First Name Brian	M.I. K
Title Owner	Email brianm@ghcrealtors.com	Phone 608-792-8451
Signature 		Date 6-24-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Pearl 19 LLC
Boots

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

McCarthy IV

2. First Name

Brian

3. M.I.

K

4. Relationship to Business (Title)

Owner

5. Email

brianm@ghcrealtors.com

6. Phone

608-792-8451

7. Home Address

1806 EASTWOOD LN

8. City

La Crosse

9. State

WI

10. Zip Code

54601

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
MS	Harrison	WI	Douglas	WI	La Crosse		
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. <i>1 ticket open container no conviction</i>		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>[Handwritten Signature]</i>	Date <i>6-24-25</i>

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Pearl 19 LLC

2. Business Trade Name or DBA

BOOTS

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

McCarty IV

2. First Name

Brie

3. M.I.

K

4. Email

brianm@ghreathers.com

5. Phone

608-792-5451

6. Home Address

1806 Eastwood Ln

7. City

La Crosse

8. State

WI

9. Zip Code

54601

10. Age

55

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

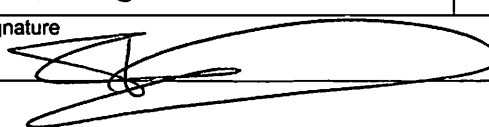
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

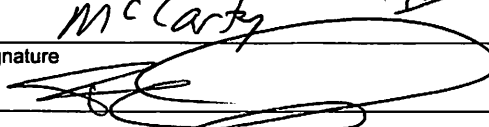
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>McCarty</i> <i>IV</i>		First Name <i>Bria</i>		M.I. <i>K</i>
Title <i>Owner</i>		Email <i>briam@ghrealty.com</i>	Phone <i>608 292-8451</i>	
Signature 			Date <i>6-25-25</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>McCarty</i> <i>IV</i>		First Name <i>Bria</i>		M.I. <i>K</i>
Signature 			Date <i>6-25-25</i>	