

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 10 20 15 :
 ending June 30 20 15

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } La Crosse

County of La Crosse Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>39-1704550</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>25.02</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>125.01</u>
Reserve Class B liquor	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>170.03</u>

1. The named INDIVIDUAL PARTNERSHIP 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): George's Ringold, Inc

An "Auxiliary Questionnaire," Form AT403, 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.

	Title	Name	Home Address	Post Office & Zip Code
President/Member		<u>George Thomas Markos Jr</u>	<u>W3595 Larson Rd</u>	<u>Mindoro WI 54644</u>
Vice President/Member		<u>David John Markos</u>	<u>1717 Weston Street</u>	<u>La Crosse WI 54601</u>
Secretary/Member		<u>George Thomas Markos Jr</u>	<u>W3595 Larson Rd</u>	<u>Mindoro WI 54644</u>
Treasurer/Member				
Agent		<u>David John Markos</u>	<u>1717 Weston Street</u>	<u>La Crosse WI 54601</u>
Directors/Managers		<u>George Thomas Markos Jr</u>	<u>W3595 Larson Rd</u>	<u>Mindoro WI 54644</u>

3. Trade Name Coconut Bob's / Sawtooth Sams Business Phone Number (608) 780-3778
 4. Address of Premises 128 3rd St S / 223 Reed Street 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? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 1991 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor of a MASONRY Building - Alcohol Storage Basement

10. Legal description (omit if street address is given above): _____
11. (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? STS & CJS, LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5830.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]. Yes No
14. 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 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 25th day of March, 2015
 RICKY MICHEL
 Notary Public-Notary Seal
 State of Missouri, Christian County
 Commission Expires Nov 30, 2015

[Signature] President
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] Secretary
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	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 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 City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of George's Residence, Inc.
(registered home 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 Coconut Joe's / Sawtooth Sams
(trade name)

located at 128 3rd St South / 223 Pearl Street

appoints David J Markos
(name of appointed agent)

1717 Weston Street La Crosse
(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 Completed
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 5 1/2 years

Place of residence last year 1717 Weston Street, La Crosse

For: George's Residence, Inc.
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, David J Markos, 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] 3/24/2015 Agent's age
(signature of agent) (date)

1717 Weston Street, La Crosse, WI 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 by Title
(date) (signature of proper local official) (town chair, village president, police chief)

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

OK for beverage sewer course
has been agent w/in 2 years

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Markos		David		John	
Home Address (street/route)		Post Office	City	State	Zip Code
1717 Weston St			La Crosse	WI	54601
Home Phone Number		Age	Date of Birth	Place of Birth	
(608) 780-3778				La Crosse	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

Officer/Agent of George's Rinaside, Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
Vice President
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 53 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

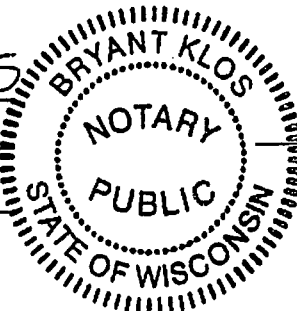
Employer's Name	Employer's Address	Employed From	To
Experson Partners LP	W3595 Larson Rd, Minden	1984	Present
ST38 CIG LLC	128 3rd St South La Crosse	2012	2014

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 24th day of March, 2015

Bryant Klos
(Clerk/Notary Public)
 My commission expires is permanent



[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

Original:

Renewal:

License Fee:
Payment Amount: 270.03
Invoice #: 200067

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: George's Ringside Inc
Address of above: W3595 Larson Road, Mindoro WI
Trade name of business: Coconut Joe's / Sawtooth Sam's 54644
Address of premises to be licensed: 128 3rd Street S / 223 Pearl Street
Business phone number: (608) 780-3778
Detailed description of cabaret area to be licensed: Defined dance floors in each space 1st story of 2-story masonry bldg
Premises are owned by: Esperon Partners LLP
Address of owner: W3595 Larson Road, Mindoro, WI 54644
Name of Cabaret Manager (FIRST, MIDDLE & LAST): David John Markos
Home address of Cabaret Manager: 1717 Weston Street, La Crosse, WI
Home phone number of Cabaret Manager: (608) 780-3778
Daytime phone number of Cabaret Manager: (608) 780-3778
Date of Birth of Cabaret Manager: _____
Was the above person listed as manager on last year's application? Yes _____ No New Application
Other business to be conducted upon the premises: Tavern / Bar
Nature of entertainment: DJ
License Period: 2015 - April 10, 2015 to June 30, 2015

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 Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

[Signature] 3-24-2015
(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 #: _____