

Form
AB-200

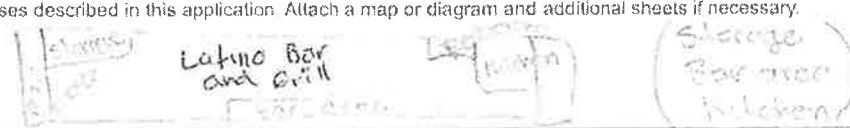
Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

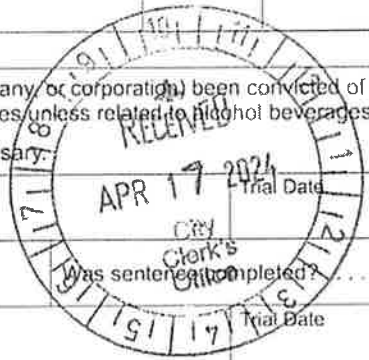
License(s) Requested: (up to two boxes may be checked)

- 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	\$ 780

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Latino Bar and Grill LLC			
2. Business Trade Name or DBA Latino Bar and Grill			
3. FEIN 32-0672966		4. Wisconsin Seller's Permit Number 456-1030868027-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization Feb. 2022 1/20/22	8. Wisconsin DFI Registration Number L073104
9. Premises Address 115 5th Ave S			
10. City La Crosse		11. State WI	12. Zip Code 54601
13. County La Crosse	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone 608 782 3648	17. Premises Email latino-bar-llc@gmail.com	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. <div style="text-align: center;">  <p>Latino Bar and Grill Storage Bar area kitchen Same as 2023</p> </div>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.	
Law/Ordinance Violated	Location
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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.

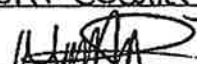
Last Name	First Name	Title	Phone
Acosta Paraz	Marissa	Agent (owner)	608 863 6498

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 Acosta Paraz	First Name Marissa	M.I.
Title Agent (owner)	Email Latunobar116@gmail.com	Phone 608 863 6498
Signature 		Date 4/17/21

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**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <u>Latino Bar and Grill LLC</u>	
2. Business Trade Name or DBA <u>Latino Bar and Grill</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information		
1. Last Name <u>Acosta Pérez</u>	2. First Name <u>Maíssa</u>	3. M.I.
4. Relationship to Business (Title) <u>owner (agent)</u>	5. Email <u>latinobarllc@gmail.com</u>	6. Phone <u>608 863 6498</u>
7. Home Address <u>1514 Bainbridge st</u>		
8. City <u>La Crosse</u>	9. State <u>WI</u>	10. Zip Code <u>54603</u>
11. Date of Birth		12. Drivers License/State ID Number
13. Drivers License/State ID State of Issuance <u>IL</u>		

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years <u>10</u></td> <td>Months <u>10</u></td> </tr> </table>	Years <u>10</u>	Months <u>10</u>
Years <u>10</u>	Months <u>10</u>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <u>1514 Bainbridge st</u>	City <u>La Crosse</u>	State <u>WI</u>	Zip Code <u>54603</u>		
Previous Address 2 <u>6159 State Rd 956a</u>	City <u>Arcadia</u>	State <u>WI</u>	Zip Code <u>54612</u>		
Previous Address 3 <u>3639 Kenilworth ave</u>	City <u>Berwyn</u>	State <u>IL</u>	Zip Code <u>60402</u>		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>WI</u>	County <u>Trempealeau</u>	State <u>IL</u>	County		
State <u>WI</u>	County <u>La Crosse</u>	State <u>MI</u>	County <u>Macatawa</u>		
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? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

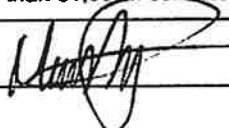
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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? Yes 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		Date	4/17/24
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Legal/Real Name: LATINO BAR AND GRILL LLC	Trade Name: LATINO BAR AND GRILL		
Premise Address: 115 5TH AVE S	Business ID: 002889-2022	Page: 1	

Personal Data Sheet for Officers/Members/Directors/Agents/Managers

Name: First		Middle		Last	
MARISSA				ACOSTA PEREZ	
Home Address: Street			City	State	Zip Code
1514 BAINBRIDGE ST			LA CROSSE	WI	54603
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)	
		LATINOBAR116@GMAIL.COM			
Name: First		Middle		Last	
MARISSA				ACOSTA PEREZ	
Home Address: Street			City	State	Zip Code
1514 BAINBRIDGE ST			LA CROSSE	WI	54603
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)	
		latinobar116@gmail.com			
Name: First		Middle		Last	
Home Address: Street			City	State	Zip Code
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle		Last	
Home Address: Street			City	State	Zip Code
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle		Last	
Home Address: Street			City	State	Zip Code
Phone Number:		Email:		Date of Birth: (mm/dd/yyyy)	

2024 - 2025 ADDRESS VERIFICATIONS

EnerGov Registration #: 002889-2022

The following are mailing addresses and phone numbers that we previously received from you. Please review this information, make and changes (if necessary) and return to the City Clerk's Office. If any information is not filled in, please complete that area.

Legal/Real Name: **LATINO BAR AND GRILL LLC**
Trade Name: **LATINO BAR AND GRILL**
Address: **115 5TH AVE S**

RENEWAL NOTICE MAILING ADDRESS:

Attention:
Business Name: **LATINO BAR AND GRILL LLC**
Address: **115 5TH AVE S**
City, State & Zip: **LA CROSSE, WI 54601**

LICENSE MAILING ADDRESS:

All licenses will be mailed (unless there are holds). The licenses will be mailed to the place of business to the attention of the agent or person-in-charge. It is extremely important to have the correct information for this mailing address. Please review the following and make any changes, if necessary.

Attention:
Business Name: **LATINO BAR AND GRILL LLC**
Address: **115 5TH AVE S**
City, State & Zip: **LA CROSSE, WI 54601**

EMAIL ADDRESS:

latinobar116@gmail.com
(None on Record)

PLEASE RETURN THIS TO THE CITY CLERK'S OFFICE