



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(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.

Applications will not be accepted until all of the information is complete and necessary documents provided.

TYPE OF LICENSE(S) REQUESTED

Class A: Beer, Liquor
Class B: Beer, Liquor
Class C: Wine

APPLICANT

Legal Business Name (Corporation, LLC, Sole Proprietor, Partnership): JMH Foods LLC		Trade Name: New Taste of India	
Address:	Street	City	State Zip Code
1812 Jackson Street LaCrosse, WI 54601			
Telephone Number:	Email:	Website:	
[REDACTED]		newtasteofindia.com	

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: 2-16-26 or 3/13/26

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 30 days** pursuant to Wis. Stat. sec. 125.04(3)(h).

CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES

(N/A for Sole Proprietors and Partnerships)

I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.

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:

Monday - Sunday 11-9pm

Anticipated Number of Employees:
4

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license: Responsible Beverage Server Class

Other Business to Be Conducted on Premise:
Full service menu for carryout

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")
3 % Alcohol 97 % Food _____ % Other

If applicable, describe "Other": _____

Estimated capacity (Class B and Class C licenses only):
Indoor 100 Outdoor, if applicable 0

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.
If yes, a beer garden license or outdoor dining permit is required.
no

Will there be live entertainment (music or dancing) on premise? If yes, explain.
If yes, a cabaret license is required.
no

Do you have off-street parking? Yes No
If yes, how many parking spaces? 75
If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, the areas of sales, consumption and storage, 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.

The information provided 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.

JMH
Signature

2-16-26
Date

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 (copy)
- FEIN (copy)
- 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

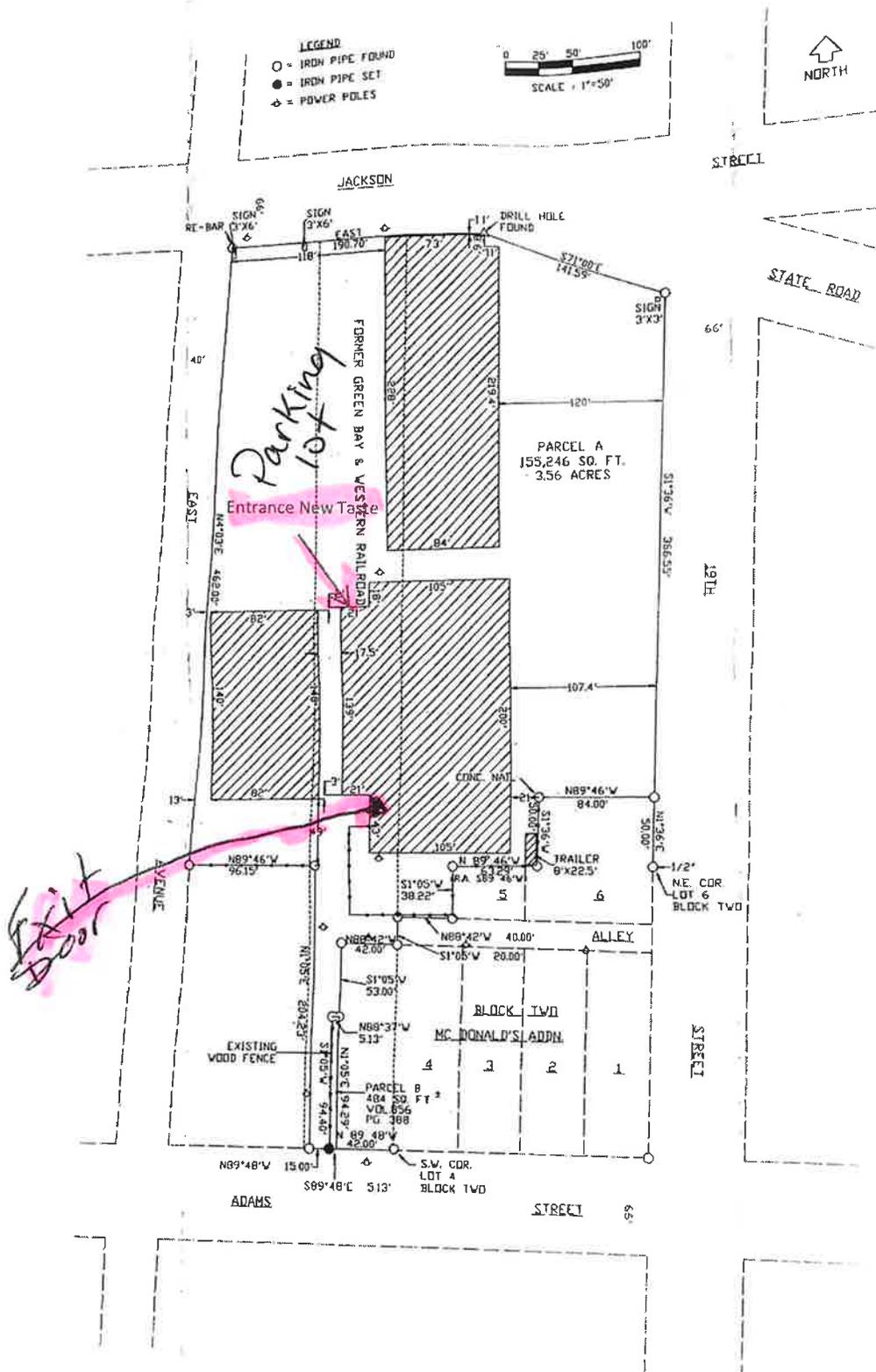
CENTER Q

PART OF THE SW1/4-SW1/4 OF SECTION 4, T. 15 N., R. 7 W.
CITY OF LA CROSSE, LA CROSSE COUNTY, WISCONSIN.

LEGEND

- = IRON PIPE FOUND
- = IRON PIPE SET
- △ = POWER POLES

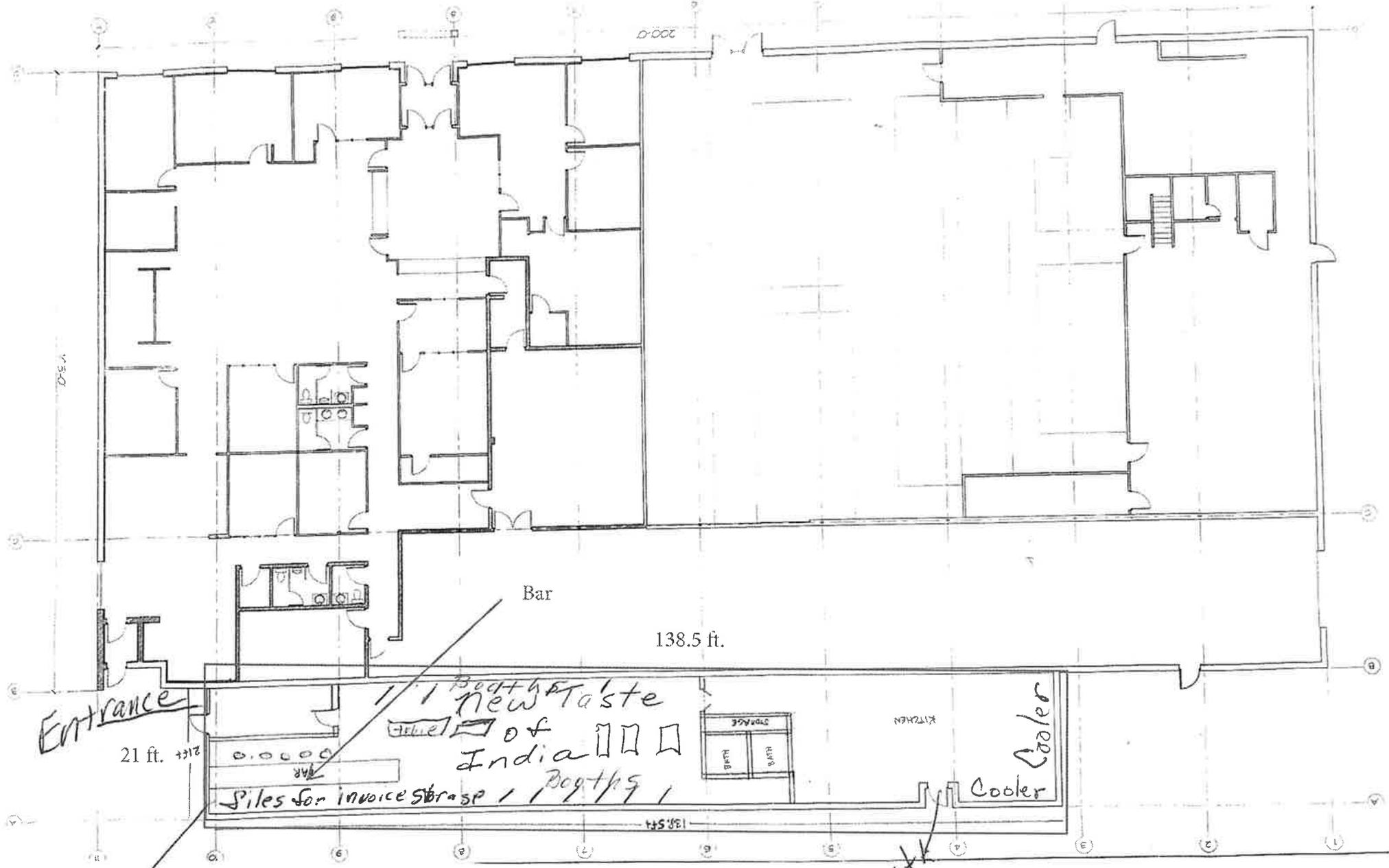
0 25 50 100'
SCALE = 1"=50'



I have surveyed the above-described property and the map is a true representation thereof and shows the size and location of the property, its exterior boundaries, the location and dimensions of all visible structures thereon, fences, apparent easements and roadways and visible encroachments, if any.

This survey is made for the exclusive use of the present owners of the property, and also those who purchase, mortgage, or guarantee the title thereto within one (1) year from date hereof, and as to them I warrant the accuracy of said survey and map.

Dated at LA CROSSE, WI, this 27th day of SEPT 1980



Entrance

21 ft.

Bar

138.5 ft.

*Booth for
New Taste
of
India*

STORAGE
BATH
BATH

KITCHEN

Cooler
Cooler

*Piles for invoice
Booth*

*under
bar
in steel
locked files*

Exit

SURRENDER OF LICENSE
Part II

2-16-2026
Date

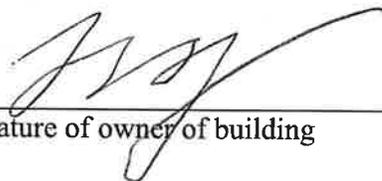
City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at
1812 Jackson Street, La Crosse, Wisconsin.

I have entered into a lease for the above property effective 2/1/2026 with
JMH Foods LLC. (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: Luke Soper

Home address of owner: N 2028 Wedgewood Drive E
LaCrosse, WI 54601

Daytime phone number of owner: 608-769-5172

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	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) JMH Foods LLC			
2. Business Trade Name or DBA New Taste of India			
3. FEIN 41-3531933		4. Wisconsin Seller's Permit Number 4567032231249-02	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 8/17/2025	8. Wisconsin DFI Registration Number J066167
9. Premises Address 1812 Jackson Street			
10. City LaCrosse		11. State WI	12. Zip Code 54601
13. County LaCrosse		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: LaCrosse	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website newtasteofindiawi.com
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. Restaurant, max cap 100, bathrooms, kitchen, storage coolers/freezer, bar with stools, booths and bars for patrons, storage for beverages including alcohol in locked room closest to entrance. records in locked safe/file under bar.			
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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
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
Mejia Hernandez	Juan	Sole proprietor	[REDACTED]

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	First Name	M.I.
Mejia Hernandez	Juan	
Title	Email	Phone
Sole Proprietor	[REDACTED]	[REDACTED]
Signature	Date	
J M H	2-16-2026	

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 2-16-26

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>JMH Foods LLC</u>
2. Business Trade Name or DBA	<u>New Taste of India</u>
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>Mejia Hernandez</u>	<u>Juan</u>		
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Sole Proprietor</u>	[REDACTED]	[REDACTED]	
7. Home Address			
<u>2603 Weston Street</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Lacrosse</u>	<u>WI</u>	<u>54601</u>	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		[REDACTED]	

Part C: Address History	
1. Do you currently live in Wisconsin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin	(MM/YYYY) <u>04/20/2013</u>

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
<u>2603 Weston Street</u>	<u>LaCrosse</u>	<u>WI</u>	<u>54601</u>
Previous Address 2	City	State	Zip Code
<u>803 Johnson Street</u>	<u>LaCrosse</u>	<u>WI</u>	<u>54601</u>
Previous Address 3	City	State	Zip Code
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	County	State	County	State	County	State	County
<u>KY</u>	<u>Jefferson</u>						
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? 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 J M H Date 2-16-26

Alcohol Beverage Appointment of Agent

Date 2-16-26

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>JMH Foods LLC</u>	
2. Business Trade Name or DBA <u>New Taste of India</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 <u>Mejia Hernandez</u>	2. First Name <u>Juan</u>	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address <u>2603 Weston Street</u>			
7. City <u>LaCrosse</u>	8. State <u>WI</u>	9. Zip Code <u>54601</u>	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	Mejia Hernandez	First Name	Juan	M.I.	
Title	Sole Proprietor	Email	[REDACTED]	Phone	[REDACTED]
Signature	J M H	Date	2-16-2026		

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	Mejia Hernandez	First Name	Juan	M.I.	
Signature	J M H	Date	2-16-2026		

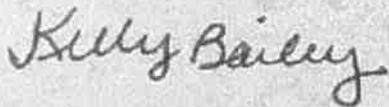
Wisconsin Responsible Beverage Seller/Server Training

JUAN MEJIA HERNANDEZ

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL200241

Date of Completion: 01/14/2026



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

Office of City Clerk



February 20, 2026

ATTN: JUAN MEJIA HERNANDEZ, AGENT
JMH FOODS DBA NEW TASTE OF INDIA
1812 JACKSON ST
LA CROSSE WI 54601

Dear Juan,

Our office is in receipt of the application for the Original Class "B" Beer and "Class C" Wine licenses for The JMH Foods dba New Taste of India at 1812 Jackson Street.

The application will be considered at the following meetings:

Judiciary & Administration Committee

Tuesday, March 3, 2026, 6:00 p.m.

Council Chambers, City Hall – 400 La Crosse St.

Common Council

Thursday, March 12, 2026, 6:00 p.m.

Council Chambers, City Hall – 400 La Crosse St.

It is recommended that someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for March (File # 26-0094).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig, Deputy Clerk

craigs@cityoflacrosse.org

608-789-7549

cc: Juan Mejia Hernandez – PABLO19861986@YAHOO.COM



NOTICE OF APPLICATION FOR CLASS "B" BEER LICENSE IN THE CITY OF LA CROSSE

This is to notify you that the following business has applied for a **Class "B" Beer** license. Pursuant to sec. 4-145 of the Municipal Code, no Class "B" license shall be granted for premises located within 100 feet of lands zoned residential or multiple dwelling without property owners receiving notification.

**JMH Foods LLC dba New Taste of India
at 1812 Jackson St, La Crosse, WI 54601**

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

**Judiciary and Administration Committee – Tuesday, March 4, 2026 at 6:00 p.m.
Common Council – Thursday, March 13, 2026 at 6:00 p.m.**

The meeting can be viewed (no participation) by visiting the Legislative Information Center Meetings calendar (<https://cityoflacrosse.legistar.com/Calendar.aspx>) - find the scheduled meeting and click on the "In Progress" video link to the far right in the meeting list.

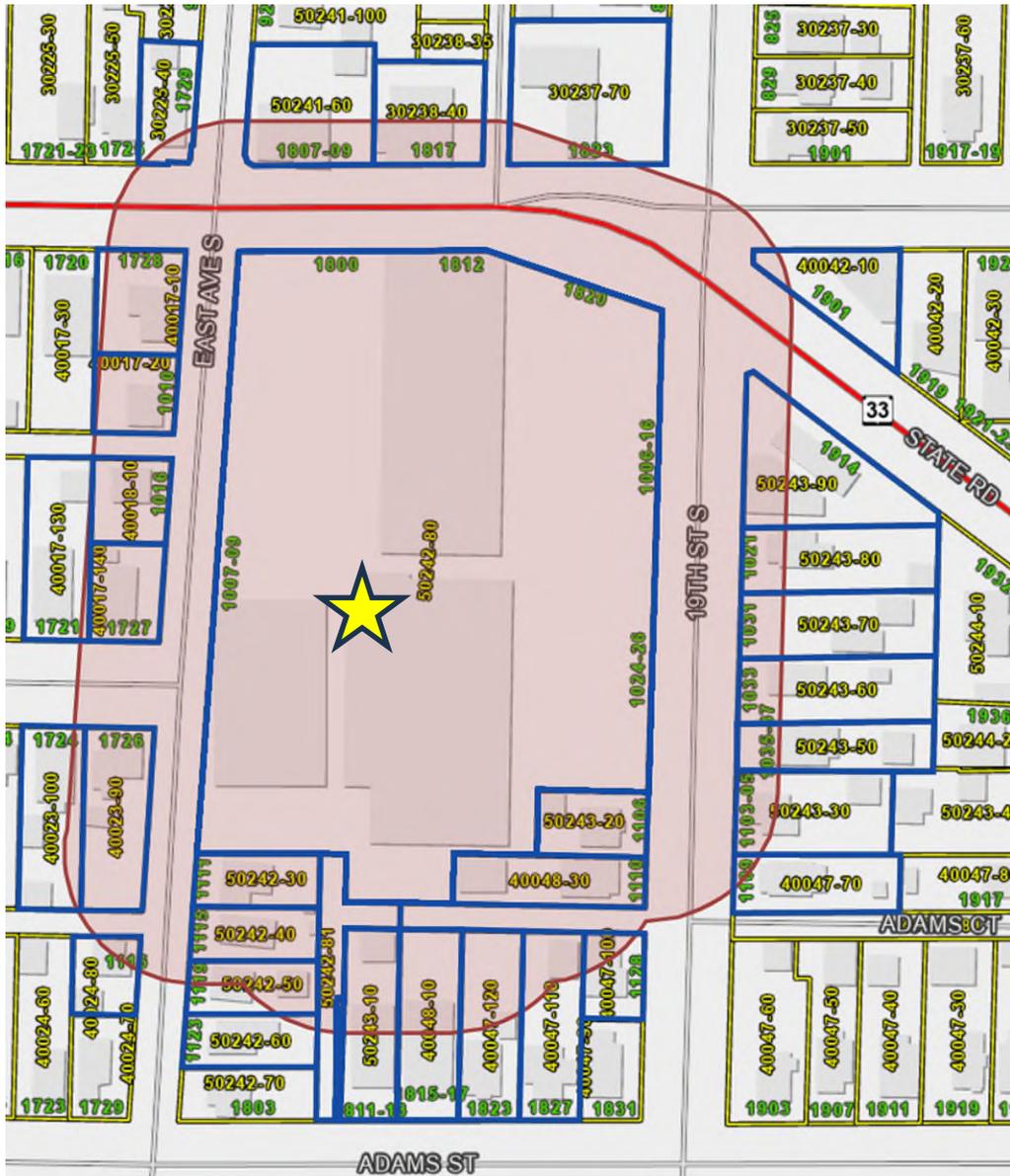
Written comments may be submitted to the City Clerk's Office by emailing cityclerk@cityoflacrosse.org, by delivery or mail to City Clerk, 400 La Crosse Street, La Crosse WI 54601 or by deposit in the green drop box on the north side of City Hall.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 19th day of February 2026.

Alicia Smithburg
Assistant Clerk

JMH FOODS LLC
1812 JACKSON ST
LA CROSSE WI 54601



City of La Crosse, 400 La Crosse Street La Crosse, WI 54601
cityclerk@cityoflacrosse.org | 608-789-7510
www.cityoflacrosse.org

JMH FOODS LLC dba NEW TASTE OF INDIA - 100FT BUFFER - CLASS "B" BEER

Tax Parcel	OwnerName	Property Address	Mailing Address	MailCityStateZip
17-30225-40	NRE PROPERTIES LLC	1729 JACKSON ST	1400 PINE ST	LA CROSSE, WI 54601
17-30237-70	BECKY B BION, RANDOLPH D BION	1823 JACKSON ST, 826 19TH ST S	4035 ELM DR	LA CROSSE, WI 54601
17-30238-40	ROXSCO LLC	1817 JACKSON ST	530 SHORE ACRES RD	LA CRESCENT, MN 55947
17-40017-10	MARK A TAYLOR	1728 JACKSON ST	1728 JACKSON ST	LA CROSSE, WI 54601-5706
17-40017-130	CONNER J CLEMENTS, NEELIE L DAVIS	1721 JOHNSON ST	1721 JOHNSON ST	LA CROSSE, WI 54601
17-40017-140	ANTHONY C NEHRING, MICHELLE N NEHRING	1727 JOHNSON ST	2012 ADAMS ST	LA CROSSE, WI 54601
17-40017-20	LIM-GUMLEY UNION TRUST	1010 EAST AVE S	1230 CELEBRATION BLVD	SUN PRAIRIE, WI 53590
17-40018-10	ALEXIS HOUSTON	1016 EAST AVE S	1016 EAST AVE S	LA CROSSE, WI 54601
17-40023-100	THOMAS D WATSON, ROBIN A WATSON	1724 JOHNSON ST	1724 JOHNSON ST	LA CROSSE, WI 54601-5711
17-40023-90	HOFFER LLC	1726 JOHNSON ST	1510 MADISON ST	LA CROSSE, WI 54601
17-40042-10	RYAN RICHARD LLC	1901 STATE RD	N1526 HAGEN RD	LA CROSSE, WI 54601
17-50241-60	JACKSON1807 LLC	1807-1809 JACKSON ST	1717 CAMERON AVE	LA CROSSE, WI 54601
17-50242-80	JP NEIGHBORHOOD SHOPS LLC	1800 JACKSON ST STE 101-106, 1812-1820 JACKSON ST, 1007-1011 EAST AVE S, 1006-1037 19TH ST S	N2028 WEDGEWOOD DR E	LA CROSSE, WI 54601
17-50243-50	ADAM M WEISSENBERGER, TORI A WEISSENBERGER	1035-1037 19TH ST S	N2216 CLEMENTS RD	LA CROSSE, WI 54601
17-50243-60	AARON I CORBISIER, KEVIN A WELLS	1033 19TH ST S	1033 19TH ST S	LA CROSSE, WI 54601
17-50243-70	DIANNA J RASPILLER	1031 19TH ST S	1031 19TH ST S	LA CROSSE, WI 54601
17-50243-80	JULIE A GREENO	1021 19TH ST S	1021 19TH ST S	LA CROSSE, WI 54601-5861
17-50243-90	SKD PETROLEUM LLC	1914 STATE RD	9653 GRANVILLE RD N	MEQUON, WI 53097
(CITY)	CITY OF LA CROSSE	400 LA CROSSE ST	400 LA CROSSE ST	LA CROSSE WI 54601
Applicant	JMH FOODS LLC	1812 JACKSON ST	1812 JACKSON ST	LA CROSSE WI 54601