



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):

The Gas Station LLC

Trade Name:

DBA Fire Flowers Hydro

Address:

Street

City

State

Zip Code

115 5th Ave S.

LACROSSE

WI

54601

Telephone Number:

Email:

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:

currently operational July 10th

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:

11am - 12am

Anticipated Number of Employees:
unknown - 5 present

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

Other Business to Be Conducted on Premise:
same business as listed with Class A license

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

If applicable, describe "Other": *new business - unknown*

Estimated capacity (Class B and Class C licenses only):
 Indoor *40-60* Outdoor, if applicable *NA*

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? *1*
 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.

[Signature] _____ *6.15.26* _____
 Signature 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

FIRE FLOWER

FLOOR Plan

← Alley →



← 5th Ave South →

STORAGE

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

Application Type (check one)

Initial (New) Renewal

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

<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>The Gas Station LLC</i>		
2. Business Trade Name or DBA <i>Fire Flowers Hydro</i>		
3. FEIN <i>39-3994062</i>	4. Wisconsin Seller's Permit Number <i>456-1032159803-02</i>	
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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.</small>		
7. State of Organization <i>WI</i>	8. Date of Organization <i>9-2025</i>	9. Wisconsin DFI Registration Number
10. Premises Address <i>1155 4th Ave S.</i>		
11. City <i>Lacrosse</i>	12. State <i>WI</i>	13. Zip Code <i>54601</i>
14. County <i>Lacrosse</i>	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	16. Aldermanic District
17. Premises Phone <i>[REDACTED]</i>	18. Premises Email <i>[REDACTED]</i>	19. Website <i>[REDACTED]</i>

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address) <i>N3665 Mees Rd</i>		
22. City <i>Onalaska</i>	23. State <i>WI</i>	24. Zip Code <i>54650</i>

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
<i>NA</i>		
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NA</i>		
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sales: showroom

Storage: closet south side of showroom
running length of building

records: back offices

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

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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 <i>Tompkins</i>	First Name <i>Colleen</i>	M.I. <i>M</i>
Title <i>owner-CEO</i>	Email <i>[REDACTED]</i>	Phone <i>[REDACTED]</i>
Signature <i>[Signature]</i>	Date <i>6.15.24</i>	

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: 6-15-20

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>The GAS STATION LLC</u>
2. Business Trade Name or DBA	<u>Fire Flower Hydro</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	2. First Name	3. M.I.			
<u>Tompkins</u>	<u>Colleen</u>	<u>M</u>			
4. Relationship to Business (Title)	5. Email	6. Phone			
<u>Owner</u>	[REDACTED]	[REDACTED]			
7. Home Address					
<u>N5663 Moos Rd</u>					
8. City	9. State	10. Zip Code	11. Date of Birth		
<u>Onalaska</u>	<u>WI</u>	<u>54650</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>06/2001</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				
Previous Address 2	City	State	Zip Code				
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
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.

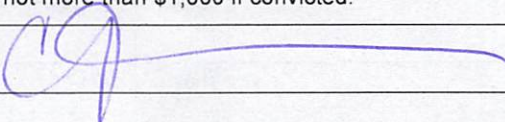
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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  Date 6.15.26

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)
The GAS Station LLC

2. Business Trade Name or DBA
Fireflower Hydro

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 Tompkins 2. First Name Colleen 3. M.I. M

4. Email [Redacted] 5. Phone [Redacted]

6. Home Address N5663 Moss Road

7. City ~~La Crosse~~ Onalaska 8. State WI 9. Zip Code 54650 10. Date of Birth [Redacted]

11. Drivers License/State ID Number [Redacted] 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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

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	Colleen Tompkins	First Name	Colleen	M.I.	M
Title	Owner	Email	[REDACTED]	Phone	[REDACTED]
Signature	[REDACTED]			Date	

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	Tompkins	First Name	Colleen	M.I.	MM
Signature	[Signature]			Date	6.15.26

Office of City Clerk



June 23, 2026

ATTN: COLLEEN TOMPKINS
THE GAS STATION LLC DBA FIRE FLOWER HYDRO
115 5TH AVE S
LA CROSSE WI 54603

Dear Colleen,

Our office is in receipt of the application for a Class "B" Beer License of The Gas Station LLC dba Fire Flower Hydro at 115 5th Ave S.

The application will be considered at the following meetings:

Judiciary & Administration Committee

Tuesday, June 30, 2026, 6:00 p.m.

Council Chambers, City Hall - 400 La Crosse St.

Common Council

Thursday, July 9, 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 April (File # 26-0519).

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: Colleen Tompkins, COLLEENTOMPKINS35@GMAIL.COM