

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning APRIL 15 20 16 ;  
ending JUNE 30 20 16

TO THE GOVERNING BODY of the:  Town of }  
 Village of } LA CROSSE  
 City of }

County of LA CROSSE Aldermanic Dist. No. \_\_\_\_\_ (If required by ordinance)

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): BENNETT O'RILEY'S LLC

An "Auxiliary Questionnaire," Form AT-103, 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	MEMBER	DARON TRUMAN HOUSEHOLDER	915 TYLER ST, LA CROSSE WI	54601
Vice President/Member	MEMBER	DEBRAH JEAN HOUSEHOLDER	N14457 CTY RD K, GALESVILLE, WI	54630
Secretary/Member	MEMBER	DENNIS SCOTT HOUSEHOLDER	N14457 CTY RD K, GALESVILLE, WI	54630
Treasurer/Member				
Agent	AGENT	DARON TRUMAN HOUSEHOLDER	915 TYLER ST, LA CROSSE WI	54601
Directors/Managers				

3. Trade Name BENNETT O'RILEY'S Business Phone Number 608-782-2051

4. Address of Premises 213 3RD ST S 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 WI and date 3/2016 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales & Service: First floor of two-story brick building / Storage in basement and first floor.

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? BENNETT O'RILEY'S LLC D/B/A BENNETT O'RILEY'S

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 6630.5) before beginning business? [phone 1-800-937-8864]  Yes  No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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 28<sup>th</sup> day of MARCH, 2016  
JAY A. CHRISTIANSON  
(Clerk/Notary Public)  
My commission expires 3-13-2020

Daron Truman  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Debrah Jean  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
Dennis Scott  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Applicant's Wisconsin Permit No.:	FEIN Number:
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<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 type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>125.01</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$ <u>190.03</u>

<b>TO BE COMPLETED BY CLERK</b>			
Date received and filed with municipal clerk <u>3/28/16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

