ORI	GINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION	Applicant's Wi Sollor's Permit No.: FEIN Number:						
Subr	nit to municipal clerk.							
For the license period beginning APRIL 15 20 16 ; TYPE FEE								
	ending JUNE 30 20 16	Class A beer \$						
		Class B beer \$ 25.0	22					
то т	TO THE GOVERNING BODY of the: Village of LA CROSSE							
101	THE GOVERNING BODY of the: Village of City of							
		Class A liquor (cider only) \$ N/ Class B liquor \$ /25						
Cou	nty of LA CROSSE Aldermanic Dist. No. (If required by ordinance)	Reserve Class B liquor \$						
		Class B (wine only) winery \$						
1.	The named INDIVIDUAL PARTNERSHIP I LIMITED LIABILITY COMPANY	Publication fee \$ 20	.00					
		TOTAL FEE \$ 190						
	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 re	gistered name):						
	BENNETT O'RILEY'S LLC An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application	why each individual applicant by each ma	mber of a					
	An "Auxiliary Guestionnaire," Form AI-103, must be completed and attached to this applicade partnership, and by each officer, director and agent of a corporation or nonprofit organization,	and by each member/manager and agent of	a limited					
	lability company. List the name, title, and place of residence of each person.							
	Title Name Ho	me Address Post Office & Zip	Code					
		YLER ST, LA CROSSE WI 54601 57 CTY RD K, GALESVILLE, WI 54630						
	Vice Fresidei IVIVIeniber							
	Secretary/Member MEMBER DENNIS SCOTT HOUSEHOLDER N144	57 CTY RD K, GALESVILLE, WI 54630						
	Treasurer/Member	YLER ST, LA CROSSE WI 54801						
	Directors/Managers	Chope Number 608-782-2051						
	Trade Name BENNETT O'RILEY'S Busines							
	Address of Premises  213 3RD ST S Post Off	ice & Zip Code  LA CROSSE, WI 54601	<u> </u>					
5.	Is individual, partners or agent of corporation/limited liability company subject to completion of the rest training course for this license period?	ponsible beverage server	No No					
c	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?		⊡ No					
0. 7.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control	I of this husiness?	No No					
	(a) Corporate/limited llability company applicants only: Insert state <u>WI</u> and d	ate 3/2016 of registration.	_ · ·					
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited li	ability ccmpany? Yes	🖸 No					
	(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or	any member/manager cr						
	agent hold any interest in any other alcohol beverage license or permit in Wisconsin?		🖸 No					
	(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 a	and 8 above.)						
9.	Premisos description: Describe building or buildings where alcohol beverages are to be sold and stor	ed. The applicant must include						
	all come including living quarters if used for the sales service consumption and/or storage of alco	hol beverages and records. (Alcohol beverages	) t floor					
	may be sold and stored only on the premises described.) Sales & Service: First floor of two-slory							
10.	Legal description (omit if street address is given above):		No No					
41.	(a) was his premises license for the sale of liquor or beer during the past license year	RILEY'S						
12	Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)							
14.	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]		🗌 No					
14.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin whole	esalers, breweries and brewpubs? 💽 Yes	🗌 No					
READ CAREFULLY BEFORE SIGNING: Under penalty provide any temperature applicant states that each of the above questions has been truthfully answered to the best of the knowl-								
READ CAREFULLY BEFORE SIGNING: Under penalty provided sylven the applicant states that each of the above questions has been truthfully answered to the best of the knowl- edge of the signers. Signers agree to operate this business above digits and that the rights and responsibilities conferred by the ficense(s), if granted, will not be assigned to another. (Individual applicants and each member of appreciation applicant states that states that conferred by the ficense(s), if granted, will not be assigned to another. (Individual applicants and each member of appreciation applicant must stan; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of								
anoside, (inaviatia applicants and each memoer of application will be doemed a refusel to permit inspection. Such refusel is a misdemeanor and grounds for revocation of this license.								
SUBSCRIBED AND SWORN TO BEFORE DE JAY A.								
this 28th day of MARCIN CHRISTIANSIAN C								
(Diffuer al Caragenting/Mamber Alapagers of Hervier								
Welned Housello								
(ClierkiNistary Public) (ClierkiNistary Public) My commission expires 3-13-20-20 m, OF W15 Control Million al Partner(s)/Mambor/Manager of Linkbor Llability Company/Partner) (Additional Partner(s)/Mambor/Manager of Linkbor Llability Company II Any) TO BE COMPLETED BY CLEDK								
Additional Partner(s)/Mombor/Manager of United Unbling Company II Any)								
TO BE COMPLETED BY CLERK								

with municipal clerk 328116	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk						
Dale license granced	Data license Issued	License number issued							
		<u> </u>	L						

## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

liquor mus of the con	t appoint an ag poration/organ	ent. The following	questions must be answered	d by the agent. The appoint	d malt beverages and/or intoxicating ment must be signed by the officer(s) acommendation made by the proper
local officiation	ai. verning body o		of LA CROSSE	County of	
The under	signed duly at	V City	)/members/managers of <u>BE</u>	NNETT O'RILEY'S LLC	/organization or limited liability company)
a corporat	ion/organizatio	n or limited liability	y company making application	n for an alcohol beverage li	icense for a premises known as
	BENNETT	D'RILEY'S			
located at	213 3RD ST	S	(trada nam	e)	
appoints	DARON TR	UMAN HOUSEH			
	915 TYLER	ST, LA CROSS	(name of appointe E WI 54601	a agent)	
		01121011000	(home address of app	ointed agent)	
to alcohol	beverages con	nducted therein. Is	ed liability company with full s applicant agent presently a ig or applying for a beer and/	cting in that capacity or rec	premises and of all business relative questing approval for any corporation/ er location in Wisconsin?
🗌 Yes	No No	If so, indicate the	corporate name(s)/limited liat	pility company(les) and mu	nicipality(ies).
le annlica	nt egent subjer	to completion of	the responsible beverage se	rver training course?	Yes 🔽 No
			application has the applicant		
			R ST, LA CROSSE WI 54		
Place of r	esidence last y				
		For: BENNETT	O'RILEY'S LLC	oration/organization/limited liability	у сотралу)
		By: L	1 ftal	- ature of Officer/Momber/Managol	)
		And ale And	De Anisa Rola	nature of Officer/Member/Menager	)
			ACCEPTANCE I	BY AGENT	
I, DARO	N TRUMAN I		R egent's name)	, hereby ac	ccept this appointment as agent for the
corporatio beverage	on/organization s conducted o	/limited liability o		esponsibility for the condu n/limited liability company.	ict of all business relative to alcohol
				3/28/2016	Agent's age
		(signaturo of agent)	D4	(dete)	Date of birth
915 TYL	ER ST, LA C	ROSSE WI 546	UT me address of agent)		
		A1 (1	PPROVAL OF AGENT BY N Clerk cannot sign on beha	IUNICIPAL AUTHORITY If of Municipal Official)	
I hereby of the chara	certify that I ha icter, record ar	ve checked muni	cipal and state criminal reconsatisfactory and I have no ot	rds. To the best of my know ejection to the agent appoi	wledge, with the available information, nted.
Approved	l on(date	by	(signature of proper loc	al official)	le
AT-101 (R. 4-0	79)	·····	· · · · · · ·		Wisconsin Department of Revenue