



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 Rustic 3 LLC

Trade Name:

The Rustic

Address:

Street

City

State

Zip Code

103 W. 3rd Street

LaCrosse

WI

54601

Telephone Number:

Email:

Website:

TBD

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: ~~03-01-26~~ 03-13-26

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:

M: 4-CL T: 4-CL W: 4-CL Th: 4-CL Fri: 10-CL Sat: 10-CL Sun: 10-CL

Anticipated Number of Employees:
15-20 ppl

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:
Employee Manual, online courses
Bar tending course

Other Business to Be Conducted on Premise:
N/A

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")
90 % Alcohol 10 % Food _____ % Other

If applicable, describe "Other": _____

Estimated capacity (Class B and Class C licenses only):
Indoor 81 Outdoor, if applicable 72

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.
yes. 4 Season Patio

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? Parking Ramp
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). See Floor Plan

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.

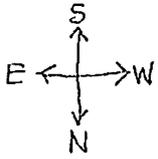
The information provided is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Timothy G. Jensen
Signature

1-23-24
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



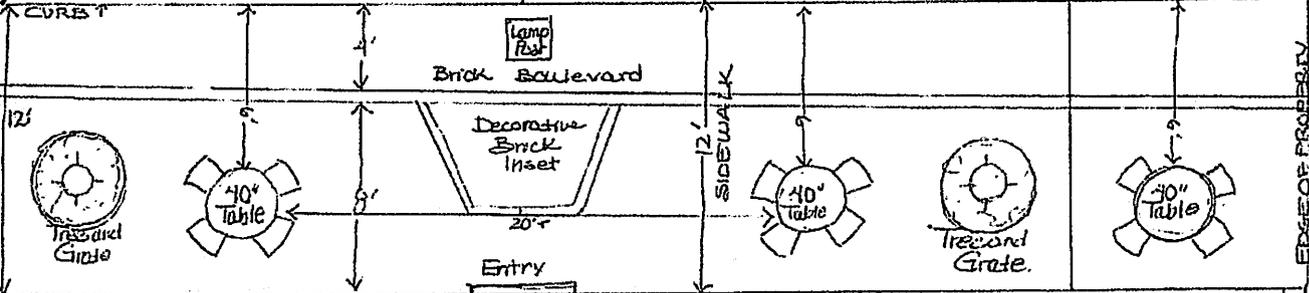
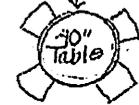
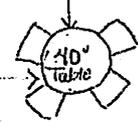
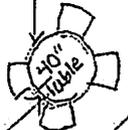
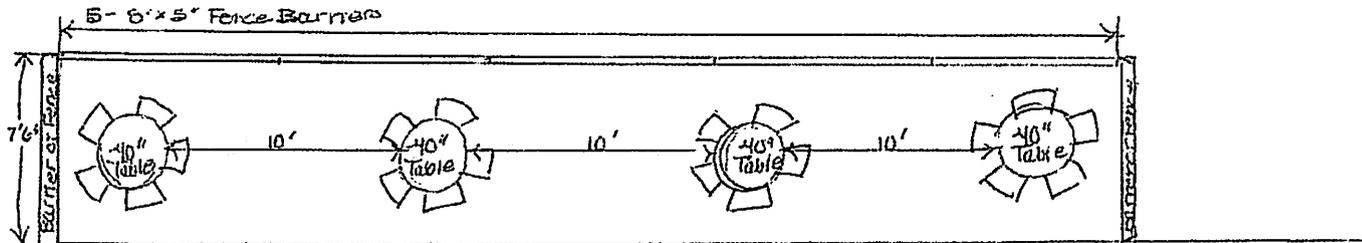
MAIN STREET

NEW CORNER OF THIRD & MAIN



Clear Corner Walkway

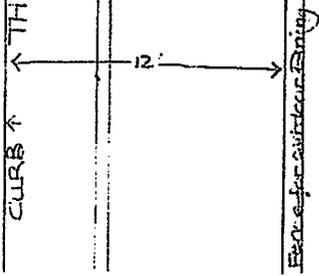
CURB ↑ THIRD STREET ↑

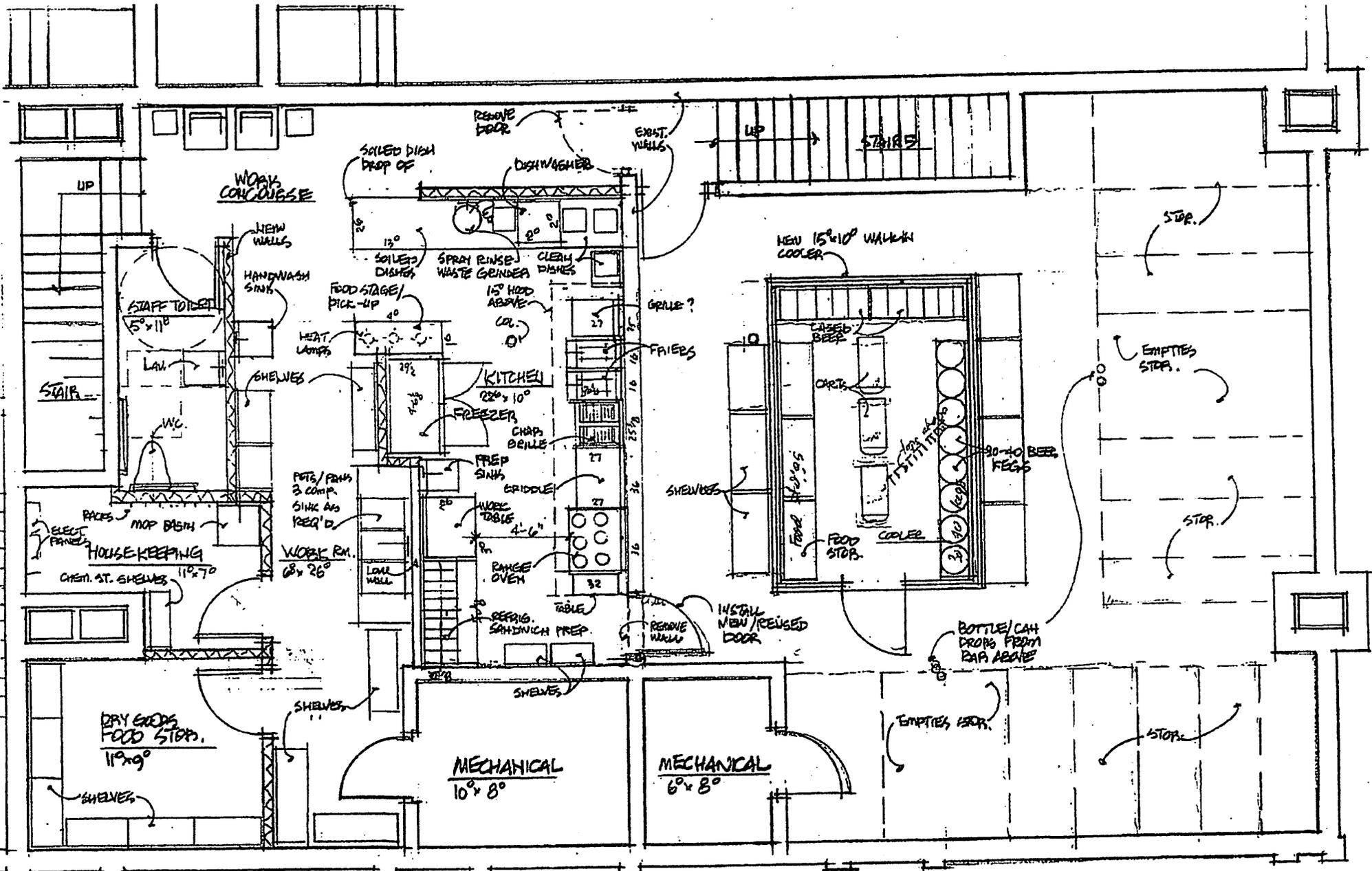


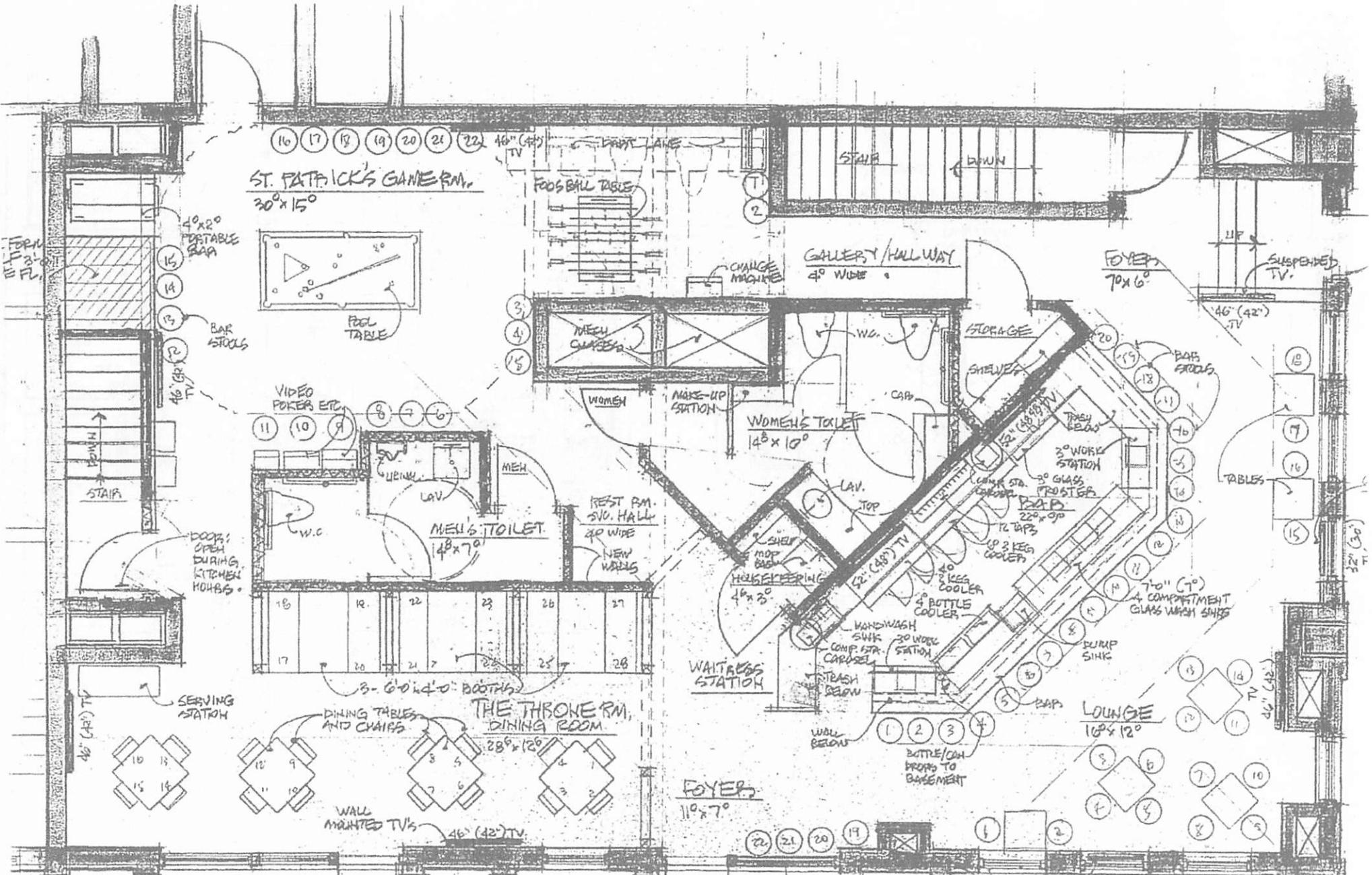
DUBLIN SQUARE
103 3rd STREET N.

All Tables 4-5 Seats
Approx. 40" Round Tables

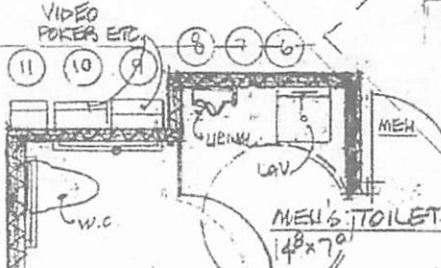
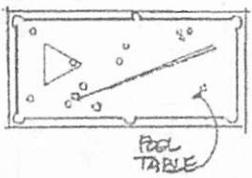
Sidewalk Cafe- Width of Building on Main Street and corner of 3rd and Main.
Street Cafe- 2 parking spaces on Main Street.







ST. PATRICK'S GAME RM.
30' x 15'



THE THRONE RM.
DINING ROOM
28' x 12'

LOUNGE
10' x 12'

FOYER
10' x 7'

FURN
E FL.

40' x 20'
PORTABLE
BAR

BAR
STOOLS

46" (42")
TV

DOOR
OPEN
DURING
KITCHEN
HOURS

SEVING
STATION

DINING TABLES
AND CHAIRS

WALL
MOUNTED TV'S

46" (42")
TV

FOOSBALL TABLE

CHANGE
MACHINE

GALLERY/HALLWAY
4' WIDE

WOMEN
CHANGERS

WOMEN'S TOILET
14'5" x 10'

REST RM.
S.V.O. HALL
30' WIDE

NEW
WALLS

WAITRESS
STATION

WALL
BELOW

STAIRS
DOWN

STAIRS
UP

FOYER
70' x 6'

46" (42")
TV

BAR
STOOLS

BAR
STOOLS</

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "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) <i>The Rustic 3 LLC</i>			
2. Business Trade Name or DBA <i>The Rustic</i>			
3. FEIN <i>41-3341431</i>		4. Wisconsin Seller's Permit Number <i>456-1032244960-02</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. State of Organization <i>Wisconsin</i>		7. Date of Organization <i>12/31/2025</i>	8. Wisconsin DFI Registration Number <i>T118199</i>
9. Premises Address <i>103 N 3rd Street</i>			
10. City <i>LaCrosse</i>		11. State <i>WI</i>	12. Zip Code <i>54601</i>
13. County <i>LaCrosse</i>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>LaCrosse</i>	15. Aldermanic District
16. Premises Phone <i>N/A</i>		17. Premises Email	18. Website <i>N/A</i>
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. <i>SEE floor plan. Alcohol served in restaurant, bar, and beer garden.</i> <i>Alcohol stored behind bar and locked basement storage area.</i>			
20. Mailing Address (if different from premises address) <i>N/A</i> <i>Records stored in downstairs office.</i>			
21. City <i>N/A</i>		22. State <i>N/A</i>	23. Zip Code <i>N/A</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
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 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 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 _____

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
LARSEN	TIMOTHY	Agent MANAGING MEMBER	[REDACTED]
BOSZYCKA	MATTHEW	MEMBER	[REDACTED]
WIKLUNDOLF	BRIAN	MEMBER	[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: Larsen First Name: Timothy M.I.: J
 Title: Owner / Agent Email: [REDACTED] Phone: [REDACTED]
 Signature: [Signature] Date: 1-23-26

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)	

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 Rustic 3 LLC

2. Business Trade Name or DBA
The Rustic

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.
N/A

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Larsen Timothy J

4. Email 5. Phone

6. Home Address
2622 Highland Street

7. City 8. State 9. Zip Code 10. Date of Birth
La Crosse WI 54601

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
[Redacted] Wisconsin

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 <i>Larsen</i>	First Name <i>Timothy</i>	M.I. <i>J</i>
Title <i>owner/Agent</i>	Email <i>[REDACTED]</i>	Phone <i>[REDACTED]</i>
Signature <i>Timothy J Larsen</i>		Date <i>1-23-26</i>

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 <i>Larsen</i>	First Name <i>Timothy</i>	M.I. <i>J</i>
Signature <i>Timothy J Larsen</i>		Date <i>1-23-26</i>

Alcohol Beverage Individual Questionnaire

Date

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.

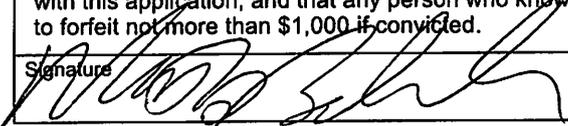
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>The Rustic 3 LLC</i>	
2. Business Trade Name or DBA <i>The Rustic</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <i>Boshcka</i>		2. First Name <i>Matthew</i>	
		3. M.I. <i>A</i>	
4. Relationship to Business (Title) <i>Member</i>		5. Email [REDACTED]	
6. Phone [REDACTED]			
7. Home Address <i>934 Charles Ct.</i>			
8. City <i>Onalaska</i>		9. State <i>WI</i>	10. Zip Code <i>54650</i>
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

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) <i>06/1981</i>
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
<i>SAME AS ABOVE</i>			
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
<i>WI</i>	<i>La Crosse</i>	<i>MN</i>	<i>Hennepin</i>
State	County	State	County
<i>MN</i>	<i>Dakota</i>	<i>WI</i>	<i>Outagamie</i>

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated DUI	Location La Crescent, MN	Conviction Date 08/2021
Penalty Imposed		Was sentence completed? <input checked="" 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 7-23-26

Alcohol Beverage Individual Questionnaire

Date

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 Rustic 3 LLC</u>
2. Business Trade Name or DBA	<u>The Rustic</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>Larsen</u>	<u>Timothy</u>	<u>J</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Member</u>	[REDACTED]	[REDACTED]	
7. Home Address			
<u>2622 Highland Street</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>LaCrosse</u>	<u>WI</u>	<u>54601</u>	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		<u>Wisconsin</u>	

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>02/1978</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>Same As Above</u>			
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
<u>WI</u>	<u>LaCrosse</u>	<u>WI</u>	<u>Dunn</u>
State	County	State	County
<u>WI</u>	<u>Dane</u>		

Continued →

Part D: Criminal History

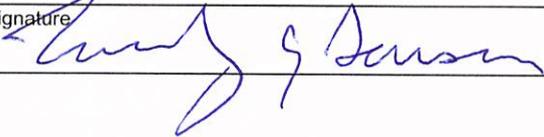
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach 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.

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Signature  Date 1-23-26

Alcohol Beverage Individual Questionnaire

Date

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- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

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Part A: Business Information				
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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 <i>Wellendorf</i>		2. First Name <i>Brian</i>		3. M.I. <i>J</i>
4. Relationship to Business (Title) <i>member</i>		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address <i>30975 old Hickory RD</i>				
8. City <i>La Crescent</i>		9. State <i>MN</i>	10. Zip Code <i>55947</i>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <i>Minnesota</i>		

Part C: Address History							
1. Do you currently live in Wisconsin?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY)			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>1335 market street</i>		City <i>La Crosse</i>	State <i>WI</i>	Zip Code <i>54601</i>			
Previous Address 2 <i>30975 old Hickory RD</i>		City <i>La Crescent</i>	State <i>MN</i>	Zip Code <i>55947</i>			
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 <i>IL</i>	County <i>McLean</i>	State <i>WI</i>	County <i>La Crosse</i>	State <i>MN</i>	County <i>Houston</i>	State	County
State <i>WI</i>	County <i>Portage</i>	State <i>MN</i>	County <i>Winona</i>	State <i>CO</i>	County <i>Boulder</i>	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
-----------------	--------------------------------------------------------------------------------------------

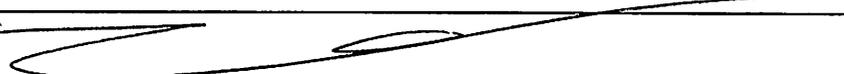
Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

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 1-23-26
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Office of City Clerk



February 20, 2026

ATTN: TIM LARSEN, AGENT
THE RUSTIC 3 LLC DBA THE RUSTIC
103 3RD ST N
LA CROSSE WI 54601

Dear Tim,

Our office is in receipt of the application for the Original Combination "Class B" Beer & Liquor, and Beer Garden Licenses for The Rustic 3 LLC dba The Rustic.

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: Tim Larsen - tjlars111@yahoo.com