

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning July 1 20 19
ending June 30 20 20

TO THE GOVERNING BODY of the: Town of } LaCrosse
 Village of }
 City of }

County of LaCrosse 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): Neighbors Bar 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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Brown, Michael Joey</u>	<u>1906 Caledonia St.</u>	<u>LaCrosse WI 54603</u>
Vice President/Member	<u>Langway, Chad Todd</u>	<u>2631 Lannis St.</u>	<u>LaCrosse WI 54600</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Brown, Michael J.</u>	<u>1906 Caledonia St.</u>	<u>LaCrosse WI 54603</u>
Directors/Managers			

3. Trade Name Neighbors Bar Business Phone Number 608-519-9838
4. Address of Premises 1703 George St Post Office & Zip Code LaCrosse WI 54603

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 5/19/2019 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.) 1st floor of two-story frame bldg
10. Legal description (omit if street address is given above): Storage:
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? Green Door Bar, Inc
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? (phone 1-877-882-3277). 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's WI Seller's Permit No. / FEIN Number:	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</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>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20</u>
TOTAL FEE	\$ <u>620</u>

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of LaCrosse County of LaCrosse

The undersigned duly authorized officer(s)/members/managers of Neighbors Bar LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Neighbors Bar
(trade name)

located at 1703 George St. LaCrosse WI 54603

appoints Michael J. Brown
(name of appointed agent)
1906 Caledonia St. LaCrosse WI 54603
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Mikes Logan Bar LLC LaCrosse WI

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 54 yrs.

Place of residence last year 1906 Caledonia St LaCrosse WI 54603

For: Neighbors Bar LLC
(name of corporation/organization/limited liability company)

By: Michael J. Brown
(signature of Officer/Member/Manager)

And: Michael J. Brown
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Michael J. Brown, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Michael J. Brown 5/24/19 Agent's age _____
(signature of agent) (date)
1906 Caledonia St, LaCrosse WI 54603 Date of birth _____
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

Original:

License Fee: 135.⁰⁰

Renewal:

Invoice #:

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Neighbors Bar LLC

Address of above: 1703 George St. LaCrosse WI 54603

Trade name of business: Neighbors Bar

Address of premises to be licensed: 1703 George St. LaCrosse WI 54603

Business phone number: 608-519-9838

Detailed description of cabaret area to be licensed: 1st floor of two-story frame building

Premises are owned by: Neighbors Bar LLC

Address of owner: 1703 George St. LaCrosse WI 54603

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Michael J. Brown

Home address of Cabaret Manager: 1906 Caledonia St. LaCrosse WI 54603

Home phone number of Cabaret Manager: 608-386-6242

Daytime phone number of Cabaret Manager: 608-386-6242

Date of Birth of Cabaret Manager: _____

Was the above person listed as manager on last year's application? Yes _____ No

Other business to be conducted upon the premises: Tavern

Nature of entertainment: Karaoke

License Period: 7/1/19 - 6/30/20

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

Michael J. Brown
(Signature of applicant & date)

OFFICE USE ONLY: _____ Munis Customer #:

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y/N If yes, attach a list of those lands.

Signature and date _____

Granted: _____ License #: _____

OwnerName	MailingLine4	MailingLine5
MIYOKO MCKIM	1710 GEORGE ST	LA CROSSE WI 54603-2150
PAUL HUBER	1645 GEORGE ST	LA CROSSE WI 54603-2284
RICKY A THOMPSON	407 LOSEY BLVD N	LA CROSSE WI 54601
SB EDIFICE LLC	PO BOX 624	LA CROSSE WI 54602-0624
THE GREEN DOOR BAR INC	1703 GEORGE ST	LA CROSSE WI 54603