

# License Check-Off Sheet

Original /  Renewal

Name: La Crosse Hotel Group LLC

Trade Name: Hampton Inn & Suites

Address: 513 3<sup>rd</sup> St N

Council Meeting: Aug 13<sup>th</sup> 2015

Type(s) of License: Combo / Class B combi

Fire:  HOLD /  OK Pending

Health:  HOLD /  OK \_\_\_\_\_

Inspection:  HOLD /  OK Pending

Water: HOLD /  OK \_\_\_\_\_

Municipal Court: HOLD /  OK \_\_\_\_\_

Police: HOLD /  OK \_\_\_\_\_

Attorney: HOLD /  OK \_\_\_\_\_

HOLD /  OK Beer and/or Liquor Bills: \_\_\_\_\_

HOLD /  OK Taxes - Personal Property ONLY and/or Room Tax

HOLD /  OK Training Course Completed (Individual/Partnership/Agent)  
Date: Agent w/in 2yrs

HOLD /  OK WI Seller's Permit Number: 456-1028848480-03

Comments:

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**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning Date of opening 20 15 :  
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)

Applicant's WI Seller's Permit No.: <u>456-102894H20-03</u> FEIN Number: <u>46-4834060</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>91.74</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>458.37</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>80.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>570.11</u></b>

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): La Crosse Hotel Group, 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	<u>Managing Member</u>	<u>Daryl R. Deacon</u>	<u>413 Nordic Trail</u>	<u>Milwaukee WI 53572</u>
Vice President/Member	<u>Managing Member</u>	<u>John D. Kolke</u>	<u>8 Fuller Ct.</u>	<u>Madison WI 53709</u>
Secretary/Member	<u>Managing Member</u>	<u>Kenneth J. Page</u>	<u>25 W. Main St. 701</u>	<u>Madison WI 53703</u>
Treasurer/Member				
Agent ▶	<u>Amy Christine Penchi</u>	<u>54779 Mound Ridge Rd</u>	<u>Genoa WI 54632</u>	
Directors/Managers				

3. Trade Name ▶ Hampton Inn & Suites Business Phone Number 608-791-4004  
4. Address of Premises ▶ 513 3rd St N La Crosse WI 54601 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 2/2014 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.) 513 3rd St N La Crosse WI 54601

40. Legal description (omit if street address is given above): Storage: First floor in locked closet // and 126 rooms of hotel.

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?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) 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 27th day of May, 2015

(Clerk/Notary Public)

My commission expires 6/19/2016

(Officer of Corporation/Member/Manager of Limited Liability Company)

(Officer of Corporation/Member/Manager of Limited Liability Company)

(Additional Partner(s)/Member/Manager of Limited Liability Company)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>7/20/15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

CITY OF LA CROSSE, WI  
 General Billing - 1285  
 002022-0945  
 Mark P  
 176225  
 2015  
 JOHN T. HOFF  
 NOTARY PUBLIC  
 STATE OF WISCONSIN  
 8/15/2015

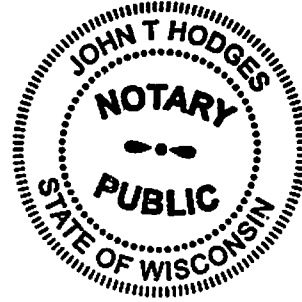
Subscribed and Sworn to before me  
this 22nd day of July, 2015.

State of Wisconsin  
County of Dane

[Signature]  
Notary Public  
My commission expires 11-6-2016

John D. Kothe

Kevin J. Page



- 5.) Agent, Amy Penche, will complete the <sup>Responsible</sup> Beverage Server training before July 31, 2015.
- 8.1 All Managing Members are on the license w/ Nolan Hotel Group LLC, DBA: Holiday Inn Express Madison-Central, Madison, WI
- 8.C Agent, Amy Penche, is also current agent of Riverfront Hotel Inc. but will be removed by 8-31-15.

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

COPY

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 of LA CROSSE County of LA CROSSE  City

The undersigned duly authorized officer(s)/members/managers of LA CROSSE HOTEL GROUP 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 Hampton Inn + Suites LA CROSSE - DOWNTOWN (trade name)

located at 511 N. 3rd St LA CROSSE, WI

appoints Amy Penchi (name of appointed agent) 54779 Mound Ridge Rd Genoa WI 54632 (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).

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? 43 years

Place of residence last year 54779 Mound Ridge Rd Genoa WI 54632

For: LA CROSSE HOTEL GROUP LLC (name of corporation/organization/limited liability company)

By: [Signature] Managing Member (signature of Officer/Member/Manager)

And: [Signature] Managing Member (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Amy Penchi (print/type agent's name), hereby accept this appointment as agent for the

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.

[Signature] 7-16-15 (signature of agent) (date) Agent's age 54779 Mound Ridge Rd Genoa WI 54632 (home address of agent) Date of birth

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