

CONDITIONAL USE PERMIT APPLICATION

Applicant (name and address):

~~Mrs. Lisa Aneska Beroz~~ Latino Bar and Grill LLC
~~1430 Mainbridge~~ 1430 Mainbridge La Crosse WI 54603

Owner of property (name and address), if different than Applicant:

(~~Maria Ana Rodriguez~~) Brad Frhm - Scenic Center LLC
115 5th Avenue S La Crosse WI 54603

Architect (name and address), if applicable:

Professional Engineer (name and address), if applicable:

Contractor (name and address), if applicable:

Address(es) of subject parcel(s): 115 5th Avenue S La Crosse WI 54603

Tax Parcel Number(s): 17-20036-70

Legal Description (must be a recordable legal description; see Requirements): C+FJ DUNN, HL DOUSMAN + Peter Cameron's addition all lot 2 + PRT LOTS 1+3 Block 18 COM SE COR LOT 3 N ALGE LN 54.3 FT TO POB N 74.55 FT N/L to SE COR OF EN Alley

→ Next page

Zoning District Classification: C2- Comercial

A Conditional Use Permit is required per La Crosse Municipal Code Sec. 115-359

If the use is defined in Sec.:

- 115-347(6)(c)(1) or (2), see "" on the next page.
- 115-353 or 356, see "" on the next page.

Is the property/structure listed on the local register of historic places? Yes No

Description of subject site and CURRENT use: Restaurant.

Description of PROPOSED site and operation/use (detailed plan of the proposed site):

Bar and Grill -

Type of Structure proposed: Bar

Number of current employees, if applicable: 2

Number of proposed employees, if applicable: 4

Number of current off-street parking spaces:

Number of proposed off-street parking spaces:

*** If the proposed use is defined in Sec. 115-347(6)(c)**

_____ (1) and is proposed to have 3 or more employees at one time, a 500-foot notification is required and off-street parking shall be provided. Will there be 3 or more employees at one time? Y ON _____

or

_____ (2) a 500-foot notification is required and off-street parking is required.

Where the side or rear lot line abuts or is located across an alley from any residential zoning district, abutting residential property owners shall be notified of the privacy fence provision by the City Clerk.

Any Conditional Use Permit required pursuant Sec. 115-347(6) shall be recorded with the La Crosse County Register of Deeds at the owner's expense.

****if the proposed use is defined in Sec. 115-353 or 115-356, abutting property owners shall be notified of the privacy fence provision by the City Clerk.**

Check here if proposed operation or use will be a parking lot: _____

Check here if proposed operation or use will be green space: _____

Applicant/property owner may be subject to a payment in lieu of taxes for a period of twenty (20) years or until the property tax valuation of any new structure or improvements is equal to or greater than the base year valuation of the improvement or structure being demolished.

In accordance with Sec. 115-356 of the La Crosse Municipal Code, a Conditional Use Permit is required for demolition or moving permits if the application does not include plans for a replacement structure of equal or greater value. Any such replacement structure shall be completed within two (2) years of the issuance of any demolition or moving permit.

If the above paragraph is applicable, the Conditional Use Permit shall be recorded with the La Crosse County Register of Deeds and should the applicant not complete the replacement structure of equal or greater value within two (2) years of the issuance of any demolition/moving permit, the applicant or property owner shall be subject to a forfeiture of up to \$5,000 per day for each day not completed.

CERTIFICATION: I hereby certify that I am the owner of the subject parcel(s) or authorized agent and that I have read and understand the content of this application and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

[Signature]
(signature)

12/2/2021
(date)

608 863 6498
(telephone)

Latinobar116@gmail.com
(email)

STATE OF WISCONSIN)
)ss.
COUNTY OF LA CROSSE)

Personally appeared before me this _____ day of _____, 20____, the above named individual, to me known to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public
My Commission Expires: _____

Applicant shall, before filing with the City Clerk's Office, have this application reviewed and the information verified by the Director of Planning & Development.

Review was made on the _____ day of _____, 20____.

Signed: _____
Director of Planning & Development

C + F J DVNN, H L DOUSMAN + PETER CAMERONS

~~ADDITION~~ ADDITION ALL LOT 2 + PRT LOTS 1 + 3 BLOCK 18

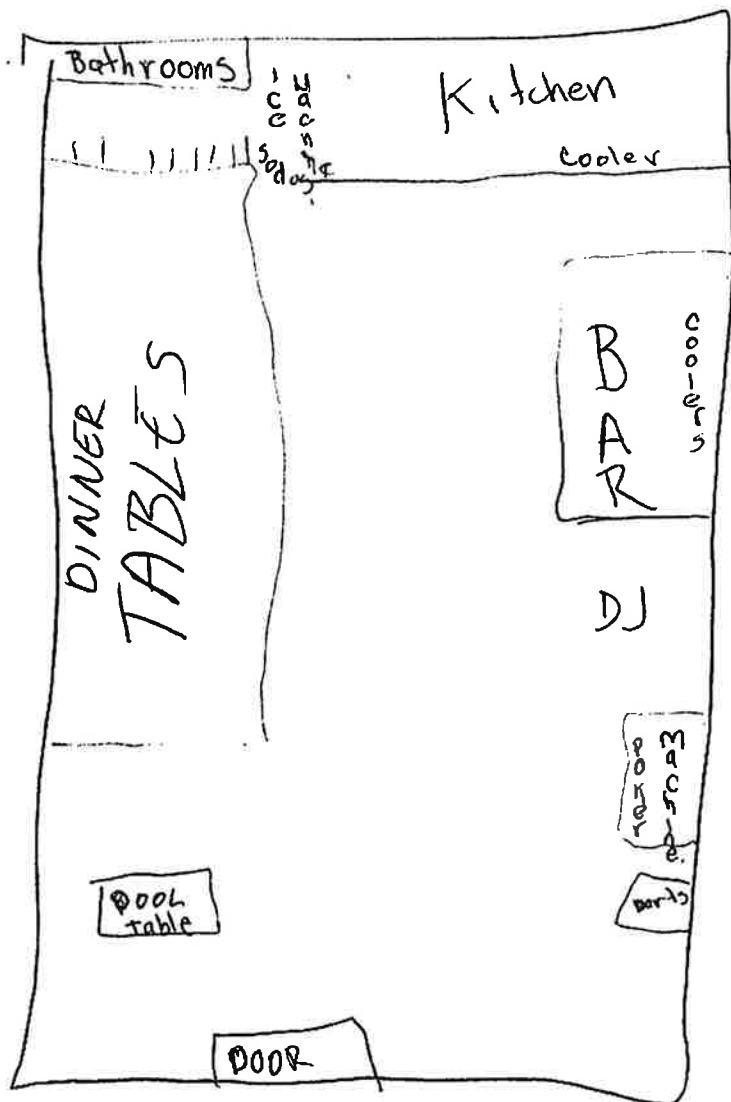
COM SE COR LOT 3 N ALG E LN 54.3 FT TO POB

N 74.55 FT M/L TO SE COR OF E/W ALLEY W ALG S

LN ALLEY TO W LN LOT 1 S TO PT 45.21 FT M/L

N OF SW COR LOT 3 E 122.3 FT M/L N 6.75 FT E

30.4 FT M/L TO POB ~~(S)~~ (SCHNEIDER BLDG)

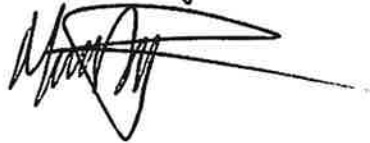


To whom it may concern,

My name is Marissa Acosta, I am writing this letter to inform you that I would like to bring more business to the community of La Crosse. I plan on doing this by: Opening the once closed "El charro" building and giving it our own twist of Mexican tradition. Providing tastefull food and drinks. Conecting one on one with our customers and provide a special experience for all. We plan on having a 50% split on our food and Alcohol sales.

Sincerely

Marissa Acosta

A handwritten signature in black ink, appearing to read 'Marissa Acosta', with a long horizontal flourish extending to the right.

AFFIDAVIT OF OWNER

STATE OF Wisconsin)
COUNTY OF La Crosse) ss

The undersigned, Scenic Center LLC - Brad Frahm, being duly
(owner of subject parcel(s) for Conditional Use)

sworn states:

1. That the undersigned is an adult resident of the City of La Crosse
State of Wisconsin
2. That the undersigned is a/the legal owner of the property located at:
115 5th Ave S Suite 1N
(address of subject parcel for Conditional Use)
3. By signing this affidavit, the undersigned property owner authorizes the application for a conditional use permit/district change or amendment (circle one) for said property.

Brad Frahm
Scenic Center LLC - Brad
Property Owner

Subscribed and sworn to before me this 2nd day of December, 2021.

Lindsay Brown

Notary Public
My Commission expires 02/25/2025



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 6/31/23
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } La Crosse
 Village of }
 City of }
 County of La Crosse Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>32-0672966</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50</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>250</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20</u>
TOTAL FEE	\$ <u>320</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Latino Bar and Grill 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Arosta</u>	<u>Marissa</u>		<u>1514 Bon Bridge La Crosse WI 54603</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Marissa Arosta</u>	<u>Marissa</u>		<u>1514 Bon Bridge La Crosse WI 54603</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Latino Bar and Grill LLC Business Phone Number 608 863 6998
 2. Address of Premises 115 5th Ave S #301 Post Office & Zip Code 54601
La Crosse WI 54601

3. 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.)
Bar, stored in entrance of the kitchen outside
beating

The restaurant dining and bar area on the first floor of the building and Beer Garden.
In storage rooms and at the bar in the coolers in kitchen

4. Legal description (omit if street address is given above): _____
 5. (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? EL Charro, Las Margaritas

6. 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
 If yes, explain Marissa Acosta Perez

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 If yes, explain

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2020 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 If yes, explain Latino Bar LLC 116 N Grant St Arcadia WI 54612

(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
 If yes, explain.

10. 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

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

12. 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.

Contact Person's Name (Last, First, M.I.) <u>Acosta Perez Marissa</u>	Title/Member <u>Agent</u>	Date <u>1/18/2022</u>
Signature 	Phone Number <u>608 8636498</u>	Email Address <u>LatinoBar116@gmail.com</u>

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	



City of La Crosse, Wisconsin

APPLICATION FOR BEER GARDEN LICENSE

Check One: New Renewal For the license period _____ to _____ Fee: \$ _____

License Class: (Check One) Class "A" Class "B" Class "C" Class "D"
(SEE CITY ORDINANCES)

BUSINESS INFORMATION			
Legal/Real Name: Latino Bar and Grill LLC			
Address of Above: Street 115 5th Ave S #301,		City LaCrosse	State WI
		Zip Code 54601	
PREMISES INFORMATION			
Trade Name of Business: latino Bar and Grill			
Address of premises to be Licensed: 115 5th Ave S #301		LaCrosse	WI 54601
BEER GARDEN INFORMATION			
Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc...) 11' x 20' under the ceiling of the entrance, with lights, and Tables for seating			
AGENT INFORMATION			
Agent Name: First Marissa		Middle	Last Arosta Peraz
Agent Home Address: Street 1514 Bain Bridge		City LaCrosse	State WI
		Zip Code 54603	
Home Phone Number:		Daytime Phone Number: (608) 563-6498	
Date of Birth: (mm/dd/yyyy)		Was the above person listed as agent on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

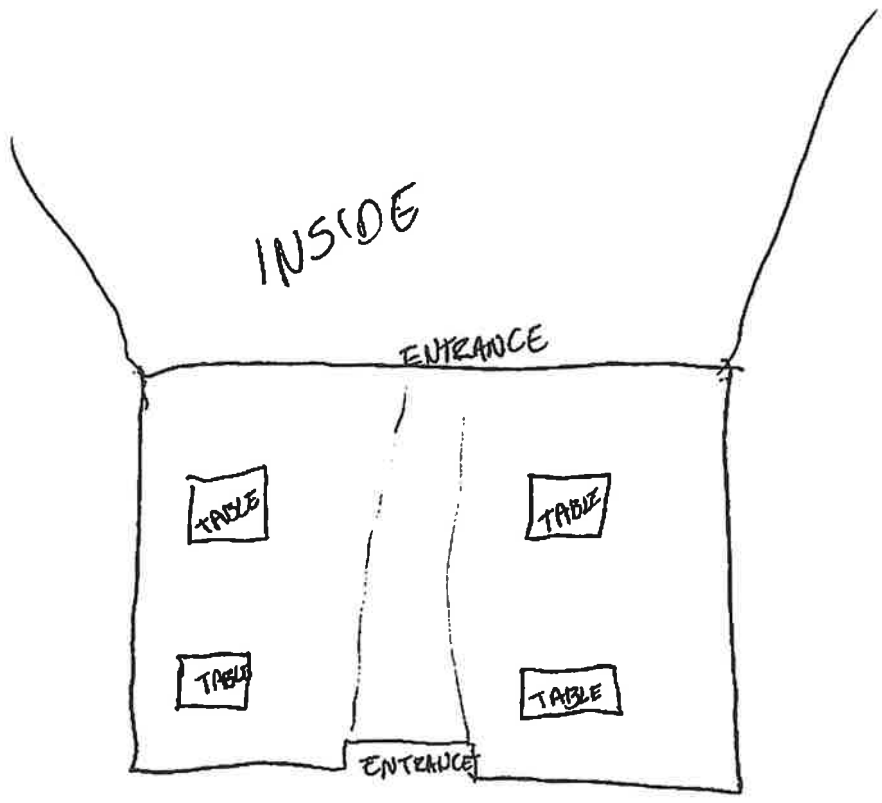
The above hereby makes application for a license to operate a Beer Garden at the above address within the City of La Crosse pursuant to provisions of Sec. 10-47 of the Code of Ordinances for the City of La Crosse.

Signature of Applicant

1/18/2022
Date

A PLAN MUST ACCOMPANY THIS APPLICATION

OFFICE USE ONLY			
For original application: Attach a list of all property owners within 200 feet of the proposed licensed premises.			
Signature:	Date:	Granted:	License #:



Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Acosta Pérez		Marissa			
Home Address (street/route)	Post Office	City	State	Zip Code	
1514 Bainbridge		La Crosse	WI	54603	
Home Phone Number	Age	Date of Birth	Place of Birth		
(608) 863-6498	35		Mexico		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Marissa Acosta Pérez of Latino Bar and Grill LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 9 1/2 Years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.


4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. Latino Bar 116 Grant St Arcadia WI
(Name of Wholesale Licensee or Permittee) (Address by City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Boat tender	Latino Bar LLC Arcadia	July 2020	NOW
House cleaning	La Crosse, Arcadia, Holmen, Gillesville	Sept 2014	NOW

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager 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/member/manager of Latino Bar and Grill 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 Latino Bar and Grill LLC
(Trade Name)

located at 115 5th Ave S # 301, LaCrosse WI 54601

appoints Marissa Acosta Perez
(Name of Appointed Agent)

1514 Bainbridge, 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).

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? 9 1/2 years

Place of residence last year 1514 Bainbridge, LaCrosse WI 54603

For: ~~Latino Bar and Grill LLC~~ Latino Bar and Grill LLC
(Name of Corporation / Organization / Limited Liability Company)

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Marissa Acosta Perez, 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.

[Signature] 1/18/2022 Agent's age 35
(Signature of Agent) (Date)

1514 Bainbridge LaCrosse WI 54603 Date of birth 11/1
(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)

Serving Alcohol

is proud to present this certificate to

Marissa Acosta Perez

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at
servingalcohol.com

Verification Code
EE7Xu8ostT

Date Issued
Jun 4th, 2020

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Marissa Acosta Perez

Certification Date: Jun 4th, 2020

Certificate Code: EE7Xu8ostT

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

CONTACT INFORMATION SHEET

Provide the following information so we have proper contact information and mailing addresses for licensing purposes. Licenses and renewal notices will be mailed to the licensed premise address unless otherwise indicated below.

Legal/Real Name: Marissa Acosta Perez
Trade Name: Latino Bar and Grill LLC
Address: 115 5th Ave S #301 Racine WI 54601
Email: latino Bar 116@gmail.com
Primary Contact Name: Marissa Acosta
Phone: (608) 863-6498
Email: acosta.yeli2503@gmail.com

RENEWAL NOTICE mailing address.
Renewal packets are mailed late March of each year and contain all applications and necessary information for license renewal. Applications must be signed by individual applicant or one member of a partnership or one corporate officer or member of an LLC.

Attention (person's name, if any): Marissa Acosta Perez
Business name: Latino Bar and Grill LLC
Address: 115 5th Ave S #301
City, State & Zip: Racine WI 54601
Corporate/Business phone number: (608) 863-6498

License year is July 1 through June 30. License renewals are approved at the June Council meeting each year.

LICENSE mailing address:
Licenses are mailed mid-June unless there are compliance holds. We recommend licenses be mailed directly to the licensed premise. If another mailing address is preferred, it is important to know that licenses must be delivered to establishment in time to be posted on July 1st.

Attention (person's name, if any): Marissa Acosta Perez
Business name: Latino Bar and Grill LLC
Address: 115 5th Ave S #301
City, State & Zip: Racine WI 54601
Corporate/Business phone number: (608) 863-6498
