

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 12 20 13 ending June 30 20 13

TO THE GOVERNING BODY of the: Town of Village of City of La Crosse

County of La Crosse 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): Ruckus Entertainment, 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.

Title Name Home Address DUPLICROst Office & Zip Code EIPF
President/Member Managing Member/Agent Matthew Ellenz 314 15th Street South La Crosse, WI 54601
Vice President/Member 405 CITY CLERK/LICENSES 0023
Secretary/Member L0306403850 001 L30326
Treasurer/Member 3726713 2-54PM PAID 165.03
Agent Matthew George Ellenz
Directors/Managers none

- 3. Trade Name The Recovery Room Business Phone Number 608-385-6915
4. Address of Premises 901 7th Street South, La Crosse, WI Post Office & Zip Code 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 employee 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 3/22/2013 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Main floor of building and basement (storage) beer garden (check) approximately 400 square foot area located on the south side of building, made of wood flooring.
10. Legal description (omit if street address is given above): Address given above.
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? SIM-FRA, Inc.
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 280-2776] 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 25 day of March 20 13

Matthew Eason (Clerk/Notary Public)

My commission expires 8/25/13

Matthew George Ellenz (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes date 3/26/13 and license number.

New:

License Fee: \$100.00

Renewal:

Receipt #: ~~90206~~

APPLICATION FOR BEER GARDEN LICENSE

Class "A" Class "B" Class "C" Class "D"
(ZONING RESTRICTION)

To the Common Council of the City of La Crosse:

Legal/Real Name: Ruckus Entertainment LLC
Address of above: 901 7th St. S., LaCrosse, WI
Trade name of business: The Recovery Room
Address of premises to be licenses: 901 7th St. S., LaCrosse, WI

DUPLICATE RECEIPT

405 CITY CLERK/LICENSES 3162
LN306403850 002 130326
3/26/13 2:55PM PAID 100.00

Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.) Approx. 400 sq. ft. area located on southside of bldg. with wood fencing

Name of manager (FIRST, MIDDLE & LAST:): Matthew George Ellenz

Home address: 314 15th St. S. LaCrosse WI 54601

Home phone number: 608-385-6915

Daytime phone number: 608-385-6915

Date of Birth: [REDACTED]

License Period: 2013-14 2012-13

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 Chapter 20 of the Code of Ordinances for the City of La Crosse.

[Signature]
(Signature of Applicant)

26 March 13
(Date)

****A PLAN MUST ACCOMPANY THIS APPLICATION****

OFFICE USE ONLY:

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature and date: _____

Granted: _____ License #: _____

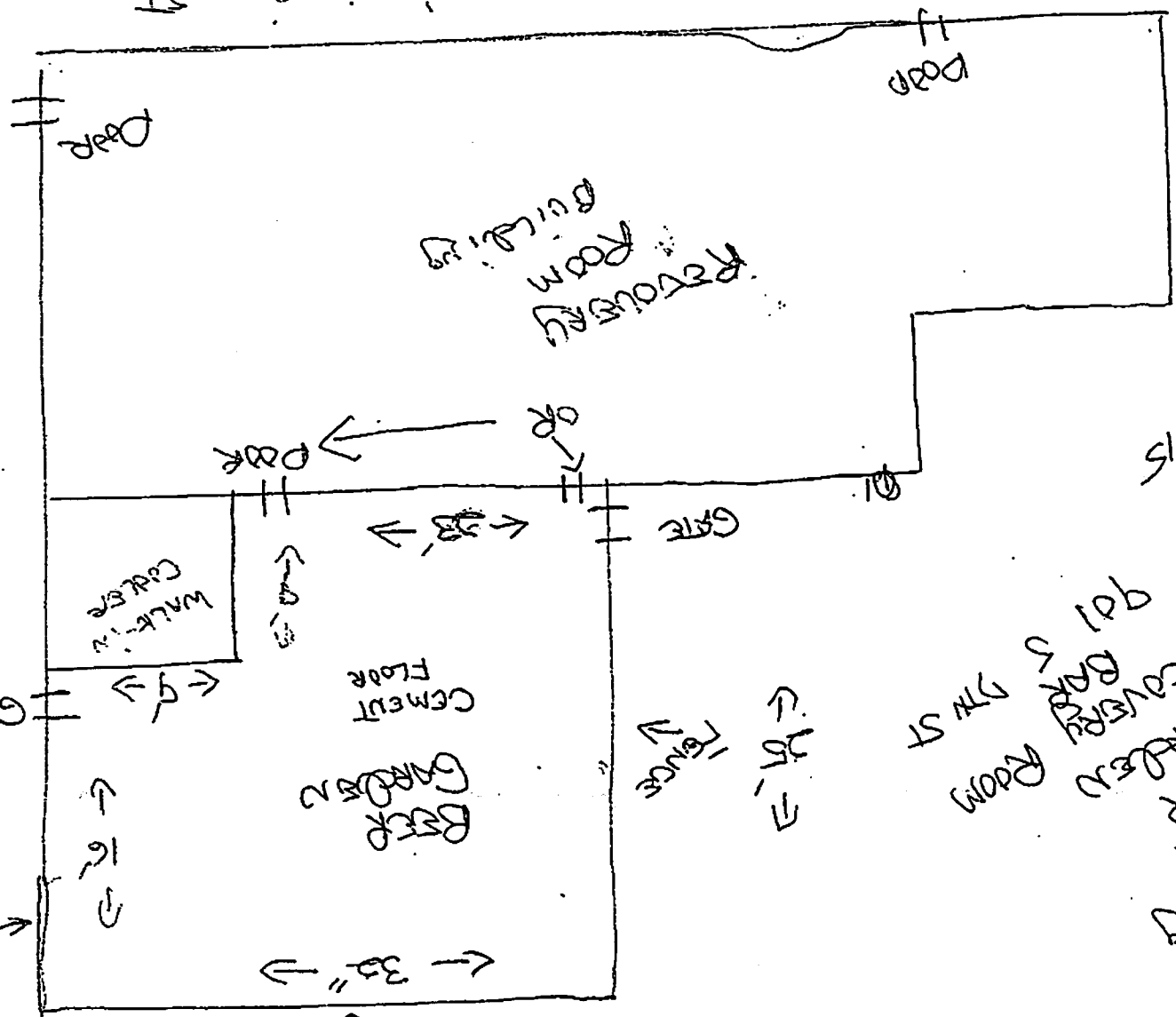
Faint header text at the top of the page, possibly including a date or page number.

Main body of faint, illegible text, likely a letter or document, covering the upper two-thirds of the page.



Lower section of faint, illegible text, possibly a signature block or a closing, occupying the bottom third of the page.

MISSISSIPPI ST



7TH ST

DOOR

DOOR

RECOVERY ROOM BUILDING

DOOR

GATE

WALKWAY COURSE

GATE

CEMENT FLOOR

RECOVERY ROOM

CHAIN LINK FENCE

CHAIN LINK

FENCE

WOODEN FENCE

MATTHEW
789-8573
OR
385-6915

DRAWING
TOP
GARDEN
RECOVERY ROOM
901 S 7TH ST
RECOVERY ROOM
901 S 7TH ST