

Original: 3/9/15

Payment License Fee: \$100.00 100.00

Renewal:

Invoice #: 123792

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: TMH Sanborn
Address of above: 1014 19th St South La Crosse, WI 54601
Trade name of business: Bean Juice Coffee
Address of premises to be licensed: 1014 19th St South La Crosse, WI 54601
Business phone number: 608 784 8487
Detailed description of cabaret area to be licensed: CORNER by the window about 50² ft area
Premises are owned by: MIKE Keil
Address of owner: 116 A 5th Ave S
Name of Cabaret Manager (FIRST, MIDDLE & LAST): Theresa Mae Held
Home address of Cabaret Manager: 1800 Franklin Street Onalaska, WI 54650
Home phone number of Cabaret Manager: 608-792-4990
Daytime phone number of Cabaret Manager: 608-784-8487
Date of Birth of Cabaret Manager: _____
Was the above person listed as manager on last year's application? Yes ___ No X
Other business to be conducted upon the premises: Coffee shop
Nature of entertainment: acoustic
License Period: April, 2015 - June 31, 2015

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 Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

TM Held March 9, 2015
(Signature of applicant & date)

OFFICE USE ONLY:

Munis Customer #: 175013

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 #: _____