



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Applications will not be accepted until all of the information is complete and necessary documents provided.

TYPE OF LICENSE(S) REQUESTED

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

APPLICANT

Legal Business Name (Corporation, LLC, Sole Proprietor, Partnership):

Casino Lax LLC

Trade Name:

Casino

Address:

Street

City

State

Zip Code

304

Pearl Street

La Crosse

54601

Telephone Number:

Email:

Website:

ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license **must be activated within 90 days of being granted** pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening: 09/2026

construction

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that **if there is any change to the license or licensee information**, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., **the City Clerk will be notified within 30 days** pursuant to Wis. Stat. sec. 125.04(3)(h).

CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES

(N/A for Sole Proprietors and Partnerships)

☒ I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.

BUSINESS PLAN

Type of Establishment:

☒ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store

☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps

☐ Other _____

Hours of Operation:

4:00 PM - 2:00 AM

Anticipated Number of Employees:

5

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:

Employees will be trained through a combination of Wisconsin-approved responsible beverage server training and on-the-job training

Other Business to Be Conducted on Premise:

Ramp, on Street

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

99 % Alcohol % Food 1 % Other

If applicable, describe "Other": Merchandise

Estimated capacity (Class B and Class C licenses only):

Indoor 69

Outdoor, if applicable

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.

If yes, a beer garden license or outdoor dining permit is required.

No

Will there be live entertainment (music or dancing) on premise? If yes, explain.

If yes, a cabaret license is required.

No

Do you have off-street parking? ☐ Yes ☒ No

If yes, how many parking spaces? _____

If no, how will parking be accommodated. Ramp, on Street

Provide a sketch of the floor plan showing overall dimensions, the areas of sales, consumption and storage, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

The information provided is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Kase Schick

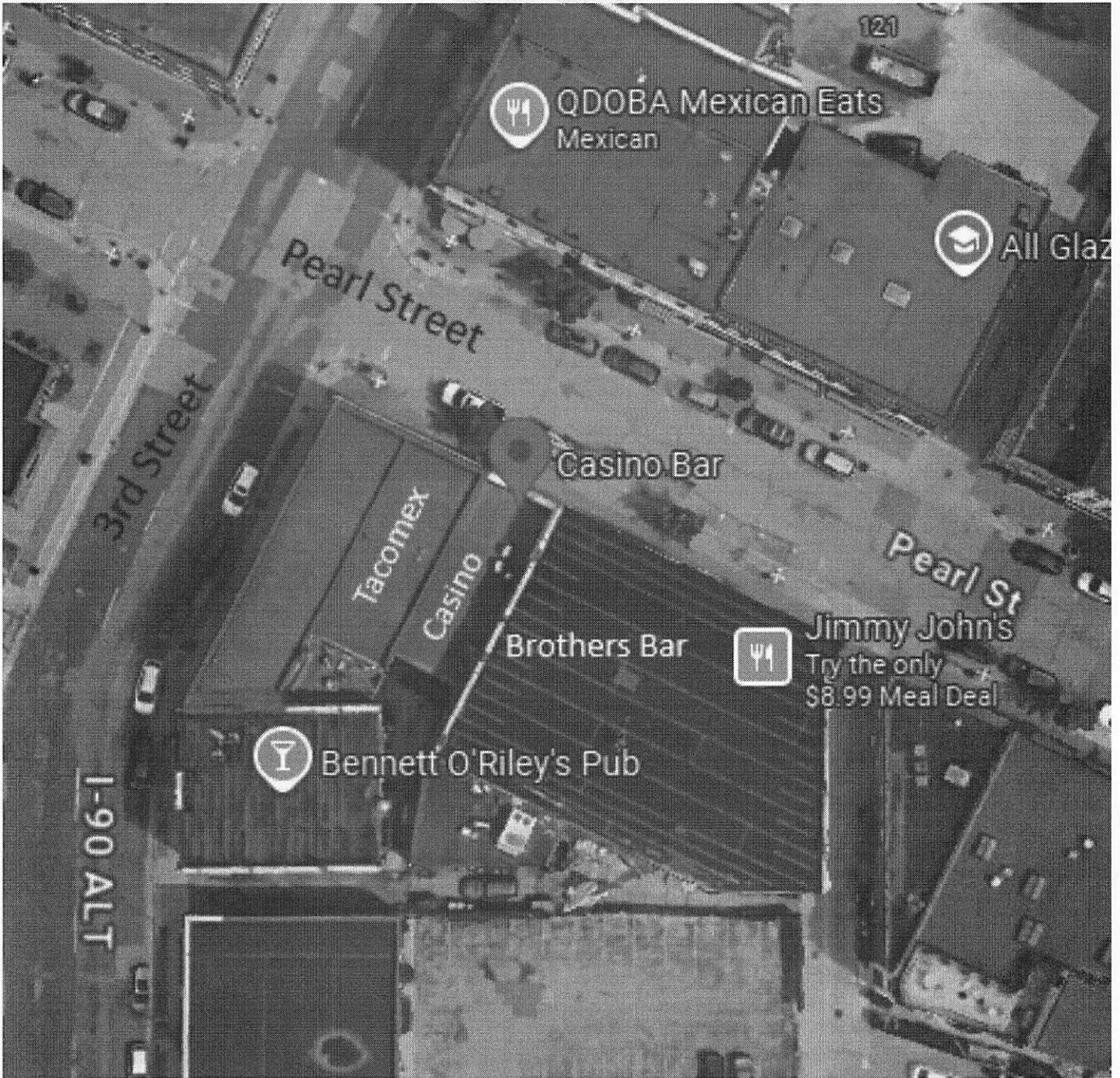
Signature

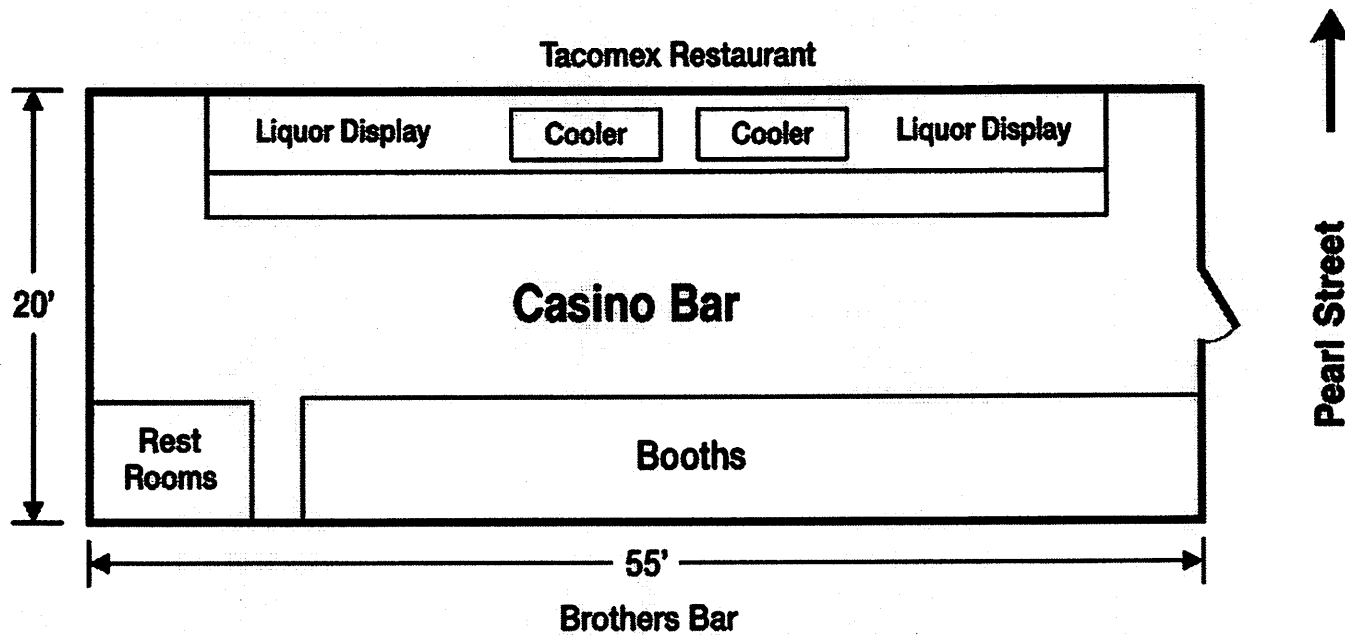
06/09/2026

Date

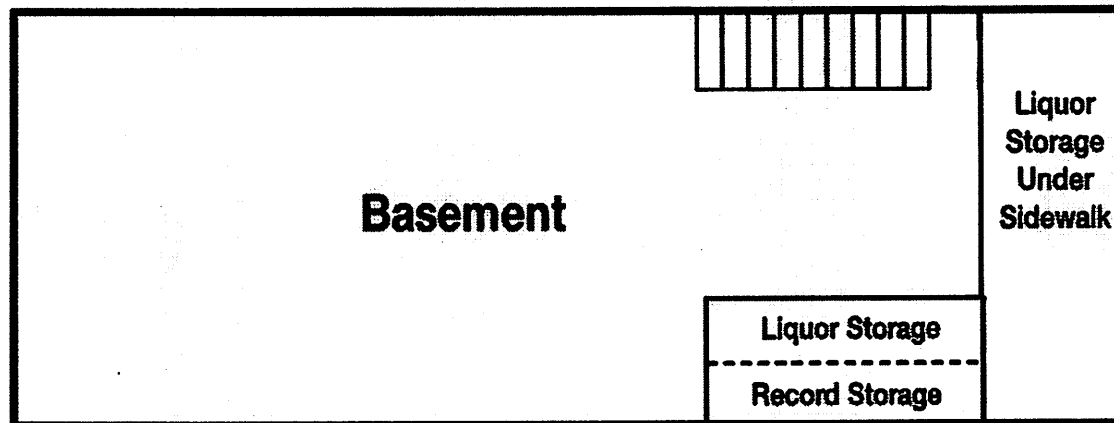
FOR OFFICE USE – City Clerk's Office checklist for complete applications

- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☐ Lease, purchase agreement, or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate (copy)
- ☐ FEIN (copy)
- ☐ Floor Plan
- ☐ Site Plan
- ☐ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling





2) Basement – Licensed Storage Area



3) Second Floor – Living Quarters (Not Part of Licensed Premises)

**Second Floor –
Apartments /
Living Quarters**
Not Part of Licensed Premises

LEGEND / NOTES

— Solid line indicates licensed premises.

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

Application Type (check one)

☒ Initial (New)☐ Renewal

License(s) Requested: (up to two boxes may be checked)

☐ Class "A" Beer \$ _____☐ Class "B" Beer \$ _____☐ "Class A" Liquor \$ _____☐ Regular "Class B" Liquor \$ _____☐ "Class A" Liquor (cider only) \$ _____☐ Reserve "Class B" Liquor \$ _____☐ "Class C" Liquor (wine only) \$ _____☐ Above-Quota "Class B"
Liquor \$ _____

Fees

License Fee(s) \$ _____

Background Check Fee \$ _____

Publication Fee \$ _____

Total Fees \$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Casino Lax LLC

2. Business Trade Name or DBA

Casino

3. FEIN

27-4626118

4. Wisconsin Seller's Permit Number

456-1027358017-03

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ☐ Yes ☐ No

If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization

WI

8. Date of Organization

01/23/2011

9. Wisconsin DFI Registration Number

C078733

10. Premises Address

304 Pearl Street

11. City

La Crosse

12. State

WI

13. Zip Code

54601

14. County

La Crosse

15. Governing Municipality: ☒ City ☐ Town ☐ Village

of: La Crosse

16. Aldermanic District

17. Premises Phone

18. Premises Email

19. Website

20. Premises Description

Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

The building consists of a tavern on the main level, residential apartments upstairs, and a basement. Alcohol beverages and related records are stored behind the bar on the main level and in cabinets in the basement at the bottom of the stairs.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☒ (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☒ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schmitz		First Name Daniel	M.I.
Title Principal	Email [REDACTED]	Phone [REDACTED]	
Signature Daniel Schmitz		Date 6/12/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

Application Type <i>(check one)</i>	
☒ Initial (New)	☐ Renewal
License Period	

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship) Casino Lax LLC	
2. Business Trade Name or DBA Casino	3. FEIN 27-4626118

[illegible]

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
06/09/2026

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Casino Lax LLC

2. Business Trade Name or DBA

Casino

3. Entity Type (*check one*)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Schmitz

2. First Name

Daniel

3. M.I.

4. Relationship to Business (Title)

Principal

5. Email

6. Phone

7. Home Address

523 Sanborn Street

8. City

La Crosse

9. State

WI

10. Zip Code

54603

11. Date of Birth

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

06/1977

2. List in chronological order all of your addresses **within the last 5 years**. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
523 Sanborn Street	La Crosse	WI	54603
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	La Crosse						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 06/09/2026
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Form
AB-101

Alcohol Beverage Appointment of Agent

Date
6-9-26

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Casino Lax LLC

2. Business Trade Name or DBA

Casino

3. Entity Type (check one)

- ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

WI

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Schmitz

2. First Name

Daniel

3. M.I.

J

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

523 Sanborn Street

7. City

La Crosse

8. State

WI

9. Zip Code

54603

10. Date of Birth

[REDACTED]

11. Driver's License/State ID Number

[REDACTED]

12. Driver's License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schmitz		First Name Daniel	M.I.
Title Principal	Email [REDACTED]	Phone [REDACTED]	
Signature <i>Daniel Schmitz</i>		Date 06/09/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schmitz		First Name Daniel	M.I.
Signature <i>Daniel Schmitz</i>		Date 06/09/26	

Serving Alcohol

is proud to present this certificate to

Daniel Schmitz

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

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.

Verify online at
servingalcohol.com

Verification Code
CDTaaHH0ue

Date Issued
Jun 10th, 2026

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: Daniel Schmitz

Certification Date: Jun 10th, 2026

Certificate Code: CDTaaHH0ue

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>

Office of City Clerk



July 17, 2026

ATTN: DANIEL SCHMITZ
CASINO LAX LLC DBA CASINO
304 PEARL ST
LA CROSSE WI 54601

Dear Daniel,

Our office is in receipt of the application for a Combination "Class B" Beer and Liquor License for Casino LAX LLC dba Casino at 304 Pearl Street.

The application will be considered at the following meetings:

Judiciary & Administration Committee

**Wednesday, August 5, 2026, 6:00 p.m.
Council Chambers, City Hall – 400 La Crosse St.**

Common Council

**Thursday, August 13, 2026, 6:00 p.m.
Council Chambers, City Hall – 400 La Crosse St.**

It is recommended that someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for August (File # 26-0631).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig, Deputy Clerk
craigs@cityoflacrosse.org
608-789-7549

cc: Daniel Schmitz – [REDACTED]