



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

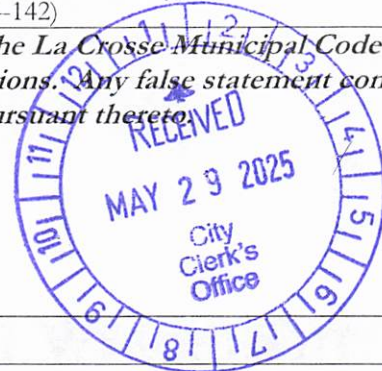
(Ch. 4, secs. 4-72 & 4-142)

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.

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine



APPLICANT

Legal/Real Name of Business:

MEGPE LLC

Trade Name:

Boothill Pub

Address:

Street

City

State

Zip Code

1561 ST. Andrew St ST 101 LaCrosse WI 54603

Telephone Number:

608 782 3824

Website:

Boothillpub.com

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:

☒ 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 15 days.

BUSINESS PLAN

Type of Establishment:

- ☒ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☐ Other Banquet hall

Hours of Operation:

11:00am - 10:00pm

Anticipated Number of Employees:

6

Other Business to Be Conducted on Premise:

Tavern, Restaurant, Banquet hall

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

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

60 % Alcohol 40 % Food _____ % Other

If applicable, describe "Other":

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

Indoor 135 Outdoor, if applicable 160

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

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

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

If yes, a cabaret license will be required.

Indoor & Outdoor Cabaret.

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

If yes, how many parking spaces? 100

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, 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.

In addition to supplying the above information which 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.

Meghan Ewenstae

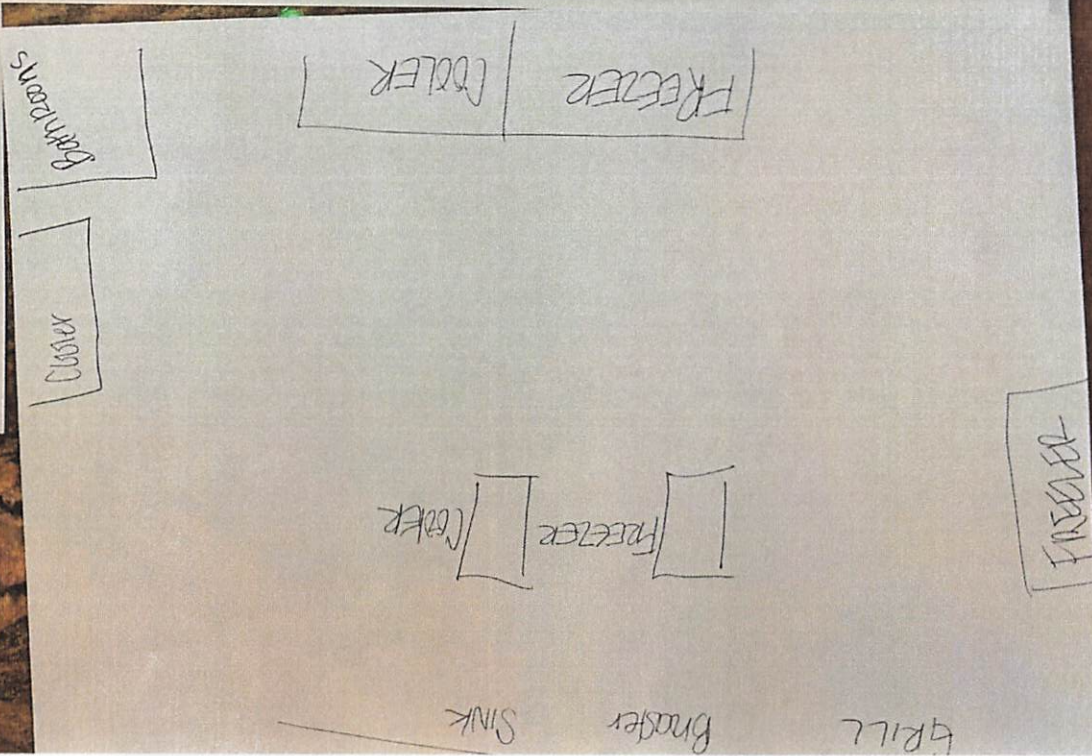
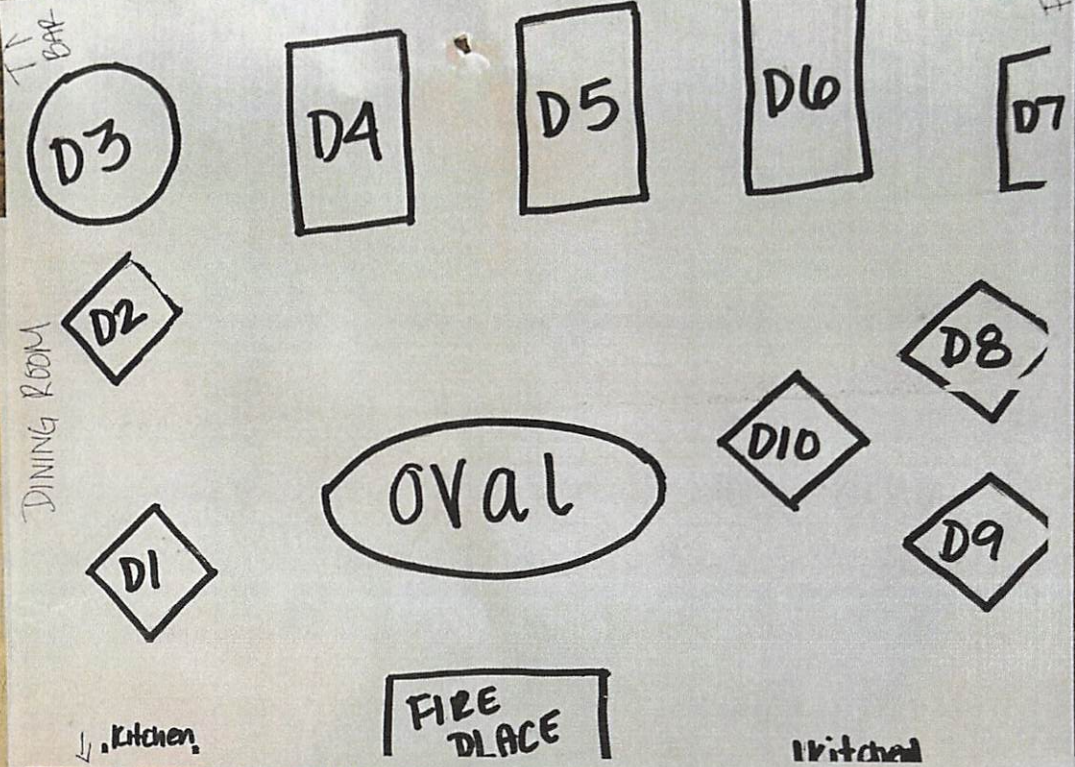
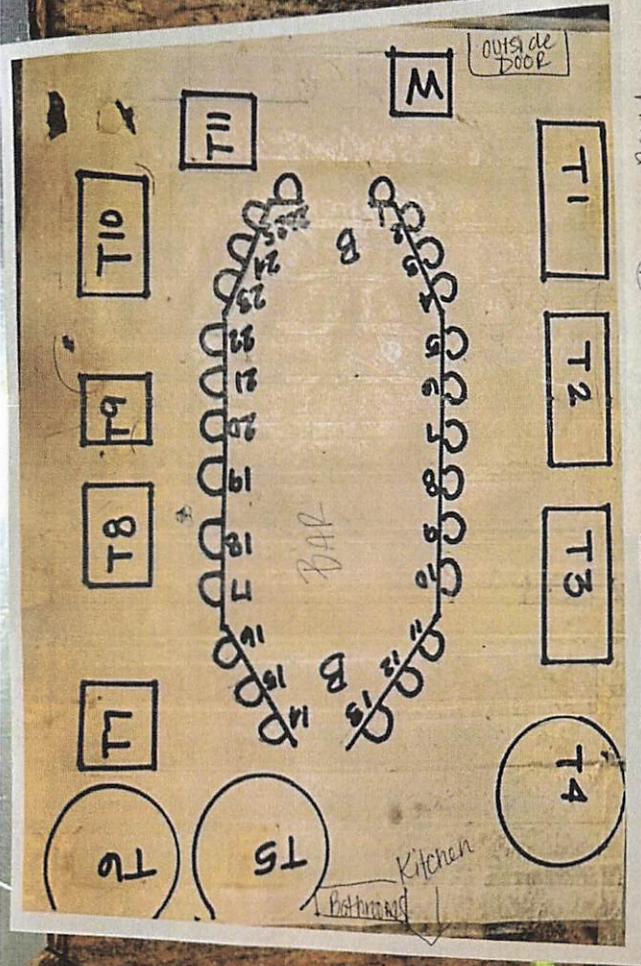
Signature

5/28/25

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
- ☐ FEIN
- ☐ 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



9:45

Google

Boothill Landing P
Temporarily closed

1501 St Andrew St, La Crosse,...



liable Insurance WI



1501 St Andrew St
Recently viewed



Three Rivers
Performance

Supply Chain Solutions



Pearl Street Brewery

Courtyard.
↓

La Crosse Mail
& Print Solutions
Recently viewed



St Andrew St

Parking.

itchen Solvers
of La Crosse



Loomis St

Prospect St



Island St

Island St



View

1501 St Andrew St



Directions



Start



Directory



City Clerk
400 La Crosse St.
La Crosse WI 54601

This is to notify that I have signed over the lease of the building of Boot Hill Pub to said person

Meghan Evenstad

Meghan Evenstad 5/29/25

Daniel Gerleman

Daniel Gerleman 5-29-25

Effective 6/2025

1501 St Andrew Street suit 101
608 782 3826

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 20.00
Total Fees	\$ 620.00

Part A: Premises/Business Information

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

MEGRE LLC

2. Business Trade Name or DBA

BOOT HILL PUB

3. FEIN

33-5056506

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5/8/2025

8. Wisconsin DFI Registration Number

9. Premises Address

1561 ST ANDREW ST STE B103 101

10. City

LACROSSE

11. State

WI

12. Zip Code

54603

13. County

Lacrosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lacrosse

15. Aldermanic District

16. Premises Phone

608 782 3826

17. Premises Email

BOOTHILLMEG@YAHOO.COM

18. Website

BOOTHILLPUB.COM

19. Premises Description - 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.

First Floor of building consisting of bar and adjacent dining room, courtyard and banquet hall
Storage Description 36 x 21 Square ft Area Adjacent to bar & behind bar
Records: office in bar area

20. Mailing Address (if different from premises address)

21. City

LACROSSE WI

22. State

WI

23. Zip Code

54603

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 distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. *has bartender license* ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Evenstad	Meghan	Owner	608 780 7499

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 Evenstad		First Name Meghan		M.I. P
Title Owner	Email Boothillmeg@yanco.com	Phone 608 780 7499		
Signature Meghan Evenstad		Date		

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)	

SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: DC6 LLC
Premises Address: 1501 ST ANDREW ST SUITE B103
Trade Name: BOOT HILL PUB

This is to advise that the undersigned is surrendering the following license(s)

Combination "Class B" Beer & Liquor

Class "B" Beer

Class "A" Beer and/or "Class A" Liquor (circle which apply)

Wholesale Beer

"Class C" Wine

to: MEGHAN PALMER EVENSTAD
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

MEGHAN PALMER EVENSTAD
President, Member, Partner, Individual

Current Licensee

Daniel J Gerleman
President, Member, Partner, Individual

Secretary, Member, Partner

Secretary, Member, Partner

State of Wisconsin)
) ss.
County of La Crosse)

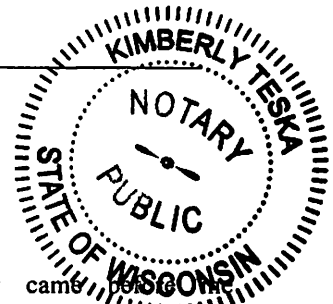
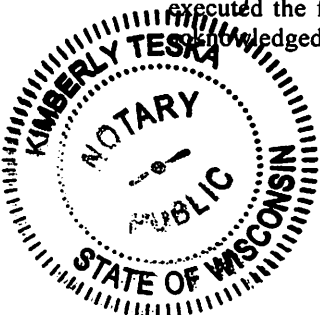
On the 28th day of MAY, 2025, personally came before me Daniel J. Gerleman, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee and acknowledged that s/he executed the foregoing document.

Krenka
Notary Public
Lacrosse County, Wisconsin
My Commission expires: 31/12/2029

State of Wisconsin)
) ss.
County of La Crosse)

On the 28th day of MAY, 2025, personally came before me Meghan Palmer Evenstad, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and acknowledged that s/he executed the foregoing document.

Krenka
Notary Public
Lacrosse County, Wisconsin
My Commission expires: 31/12/2029



Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

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

MEGPE LLC

2. Business Trade Name or DBA

BOOT HILL PUB

3. Entity Type (check one)



Sole Proprietor

☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

EVENSTAD

2. First Name

MEGHAN

3. M.I.

P

4. Relationship to Business (Title)

Member

5. Email

BOOTHILLMEG@YAHOO.COM

6. Phone

608-780-7499

7. Home Address

1501 ST ANDREW ST Ste 101 Apt 406

8. City

LACROSSE

9. State

WI

10. Zip Code

54603

11. Date of Birth

10/01/1985

12. Drivers License/State ID Number

E152-5558-5861-07

13. Drivers 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)

10/1985

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

Previous Address 1

1230 BADGER ST APT 103

City

LACROSSE

State

WI

Zip Code

54601

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

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 DUI	Location LACROSSE WI	Conviction Date 2011
Penalty Imposed		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 **Meghan Evenstaad**

Date **5/24/2025**

Alcohol Beverage
Appointment of Agent

Date

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)

MEGDE LLC

2. Business Trade Name or DBA

BOOT HILL PUB

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

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

NA

Part B: Agent Information

1. Last Name

Evenstad.

2. First Name

Meghan

3. M.I.

P

4. Email

Boothillmeg@yahoo.com

5. Phone

608 780 7499

6. Home Address

1501 St. Andrew St #406

7. City

LaCrosse

8. State

WI

9. Zip Code

54603

10. Age

39

11. Drivers License/State ID Number

E152 - 5558 - 5861 - 07

12. Drivers 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. has bartender license
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
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 <i>Evenstad</i>		First Name <i>Meghan</i>		M.I. <i>P</i>
Title <i>owner</i>	Email <i>Boothill meg@yahoo.com</i>		Phone <i>608-780-7499</i>	
Signature <i>Meghan Evenstad</i>			Date <i>5/28/25</i>	

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 <i>Evenstad</i>		First Name <i>Meghan</i>		M.I. <i>P</i>
Signature <i>Meghan Evenstad</i>			Date <i>5/28/25</i>	



City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period July 1 2025 to June 30 2026 Fee: \$ _____

BUSINESS INFORMATION*			
Legal/Real Name: <u>MEGPE LLC</u>			
Address of Above: Street	City	State	Zip Code
<u>1501 ST ANDREW ST Ste 101</u>	<u>LACROSSE</u>	<u>WI</u>	<u>54603</u>
PREMISES INFORMATION			
Trade Name of Business: <u>BOOT HILL PUB</u>			
Address of premises to be Licensed:		Business Phone Number:	
<u>1501 ST ANDREW ST STE B103 101</u>		<u>(608) 782 3826</u>	
Premises are Owned By: <u>THE FENIGOR GROUP LLC</u>			
Address of Owner: Street	City	State	Zip Code
<u>1501 ST ANDREW ST</u>	<u>LACROSSE</u>	<u>WI</u>	<u>54603</u>
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <u>ENTIRE FIRST FLOOR OF BAR AREA, DINING ROOM, AND BANQUET HALL</u>			
Nature of Entertainment: <u>LIVE MUSIC (BANDS)</u>			
Other Business Conducted upon the premises: <u>tavern and restaurant and banquet hall</u>			
MANAGER INFORMATION*			
Cabaret Manager Name: First	Middle	Last	
<u>MEGHAN</u>	<u>PALMER</u>	<u>EVENSTAD</u>	
Cabaret Manager Home Address: Street	City	State	Zip Code
<u>1501 ST ANDREW ST Apt 406</u>	<u>LACROSSE</u>	<u>WI</u>	<u>54603</u>
Home Phone Number of Cabaret Manager:	Daytime Phone Number of Cabaret Manager:		
<u>608 780 7499</u>	<u>608 780 7499</u>		
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

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 Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

Meghan Evenstad
Signature of Applicant

5/27/25
Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:



City of La Crosse, Wisconsin

APPLICATION FOR OUTDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period July 1 2025 to June 30 2026 Fee: \$ _____

BUSINESS INFORMATION*			
Legal/Real Name: <u>MEGPE LLC</u>			
Address of Above: Street <u>1501 ST ANDREW ST STE B103 101</u>		City <u>LACROSSE</u>	State <u>WI</u>
		Zip Code <u>54603</u>	
PREMISES INFORMATION			
Trade Name of Business: <u>BOOT HILL PUB</u>			
Address of premises to be Licensed: <u>1501 ST ANDREW ST STE B103 101</u>		Business Phone Number: <u>(608) 782-3826</u>	
Premises are Owned By: <u>THE FENIGOR GROUP LLC</u>			
Address of Owner: Street <u>1501 ST ANDREW ST</u>		City <u>LACROSSE</u>	State <u>WI</u>
		Zip Code <u>54603</u>	
CABARET INFORMATION			
Detailed description of cabaret area to be licensed: <u>COURTYARD</u>			
Nature of Entertainment: <u>LIVE MUSIC</u>			
Other Business Conducted upon the premises: <u>tavern restaurant banquet hall</u>			
MANAGER INFORMATION*			
Cabaret Manager Name: First <u>MEGHAN</u>		Middle <u>DALMER</u>	Last <u>EVENSTAD</u>
Cabaret Manager Home Address: Street <u>1501 St Andrew St Apt 406</u>		City <u>Lacrosse</u>	State <u>WI</u>
		Zip Code <u>54603</u>	
Home Phone Number of Cabaret Manager: <u>608 780-7499</u>		Daytime Phone Number of Cabaret Manager: <u>608 780-7499</u>	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

The above hereby makes application for a license to operate an Outdoor 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.

Meghan Evenstad
Signature of Applicant

5/27/25
Date

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 #:



Notice of Application for Indoor & Outdoor Cabaret License in the City of La

This is to notify you that the following business has applied for an **Indoor Cabaret and an Outdoor Cabaret** license under Chapter 10, Article IV of the Code of Ordinances of the City of La Crosse to allow live entertainment in a designated indoor area, as described below.

Pursuant to sec. 10-140, property owners within 100 feet of the proposed premises for an Indoor Cabaret License shall receive notice of an original application and property owners within 200 feet of the proposed premises for an Outdoor Cabaret shall receive notice of an original application.

**MEGPE LLC dba Boot Hill Pub
at 1501 Saint Andrew St #101, La Crosse, WI 54601**

Indoor Cabaret description: Entire first floor of bar area, dining room, and banquet hall.

Outdoor Cabaret description: Courtyard.

The applications will be considered at the following meetings which are held in the Council Chambers of La Crosse City Hall, 400 La Crosse Street:

- **Judiciary and Administration Committee – Tuesday, June 3, 2025 at 6:00 p.m.**
- **Common Council – Thursday, June 12, 2025 at 6:00 p.m.**

The meeting can be viewed (no participation) by visiting the Legislative Information Center Meetings calendar (<https://cityoflacrosse.legistar.com/Calendar.aspx>) - find the scheduled meeting and click on the "In Progress" video link to the far right in the meeting list.

Written comments may be submitted to the City Clerk's Office by emailing cityclerk@cityoflacrosse.org, by delivery or mail to City Clerk, 400 La Crosse Street, La Crosse WI 54601 or by deposit in the green drop box on the north side of City Hall.

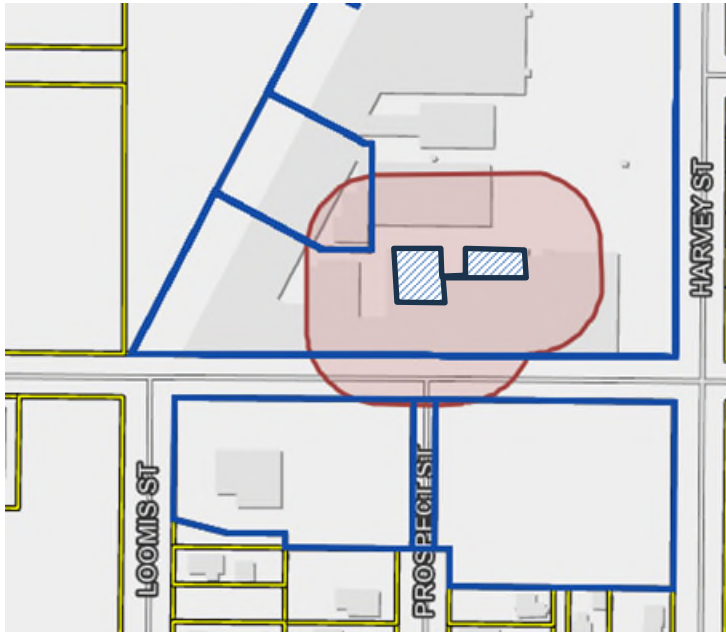
This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 29th day of May, 2025.

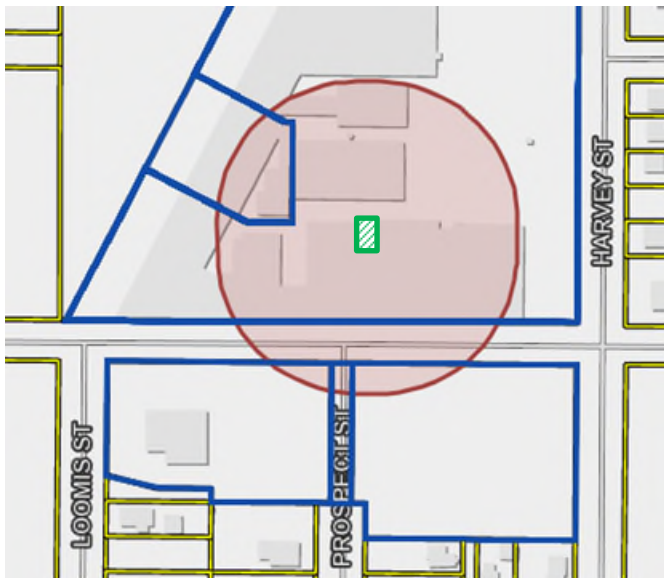
Nikki M. Elsen, WCMC
City Clerk

MEGPE LLC DBA BOOT HILL PUB
1501 ST ANDREW ST STE 101
LA CROSSE WI 54603

Indoor Cabaret:



Outdoor Cabaret:



Tax Parcel	OwnerName	Property Address	Mailing Address	MailCityStateZip
17-10213-20	THE FENIGOR GROUP LLC	1514 ST ANDREW ST	1501 ST ANDREW ST STE C101	LA CROSSE WI 54603
17-10213-25	CITY OF LACROSSE	PROSPECT ST	400 LA CROSSE ST	LA CROSSE WI 54603
17-10213-30	KS LACROSSE REAL ESTATE LLC	528 LOOMIS ST	528 LOOMIS ST	LA CROSSE WI 54603
	BUILDING G LLC			
17-10290-23	C/O PEARL STREET BREWERY	1401 ST ANDREW ST	1401 ST ANDREW ST	LA CROSSE WI 54603
		1407 ST ANDREW ST (Apts & Suites)		
17-10290-24	THE FENIGOR GROUP LLC	1501 ST ANDREW ST STE 100-106, 200-212	1501 ST ANDREW ST STE C101	LA CROSSE WI 54603
APPLICANT	MEGPE LLC DBA BOOT HILL PUB		1501 ST ANDREW ST STE 101	LA CROSSE WI 54603

Property owners within 100/200 feet of the Indoor and Outdoor Cabarets.