



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:

JAMA INVESTMENTS LLC

Trade Name:

DEWEY'S SIDE STREET SALOON

Address:

Street

3860 LABORE ST

City

State

Zip Code

VADNAIS HEIGHTS, MN 55110

Telephone Number:

(612) 489-5414

Website:

OURFAVORITEBAR.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 _____

Hours of Operation:

10:00 AM - 2:00 AM

Anticipated Number of Employees:

10

Other Business to Be Conducted on Premise:

None

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

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

80 % Alcohol 20 % Food 0 % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):Indoor 80 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 may be required.

NO. Will apply later.**Will there be live entertainment (music or dancing) on premise? If yes, explain.**

If yes, a cabaret license will be required.

on Jam session - Thursday evening & Sat afternoon**Do you have off-street parking?** ☒ Yes ☐ No

If yes, how many parking spaces? _____

If no, how will parking be accommodated. on-street parking**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.** NONE

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.

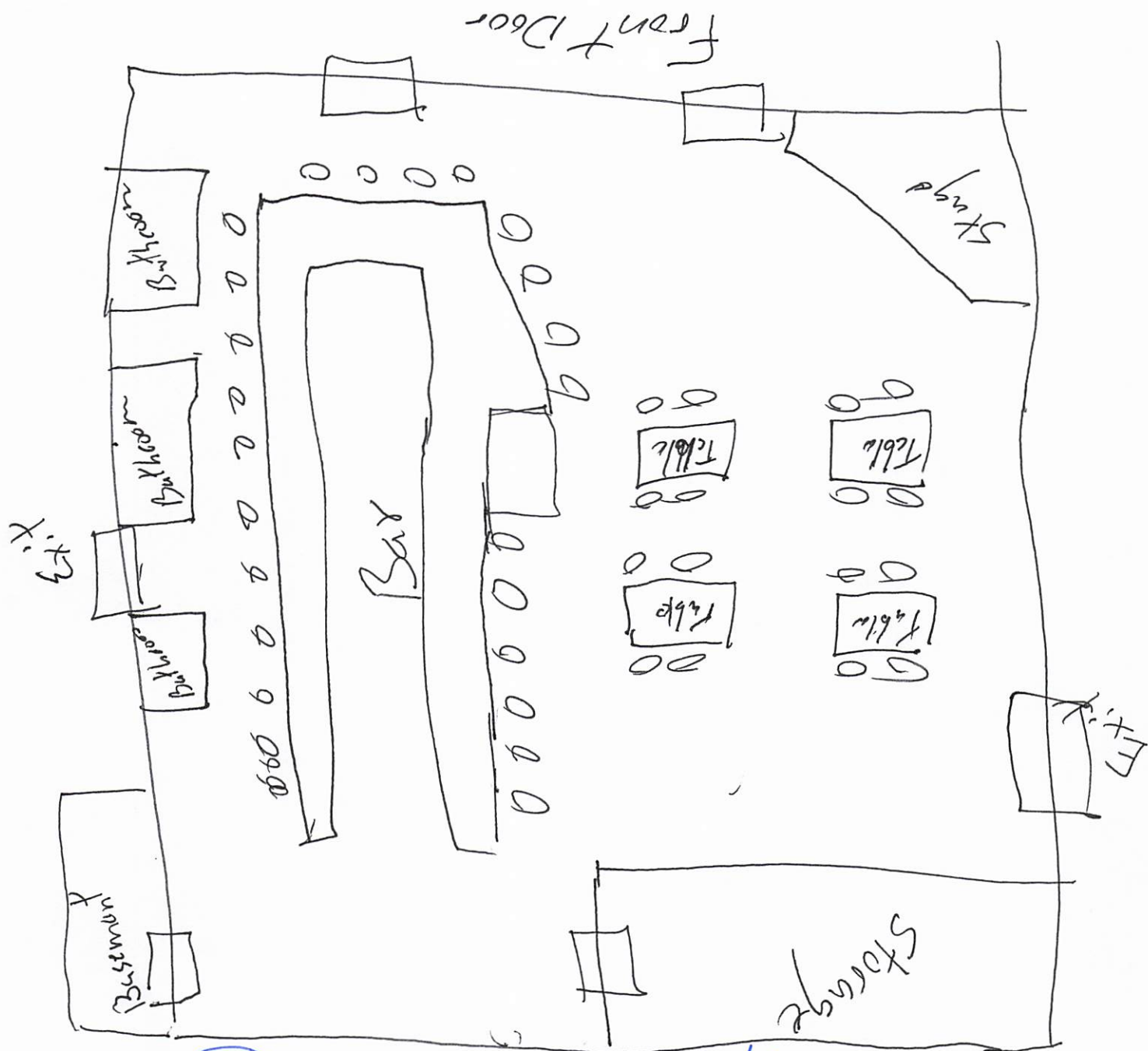
Signature



Date

7-22-25**FOR OFFICE USE – City Clerk's Office checklist for complete applications**

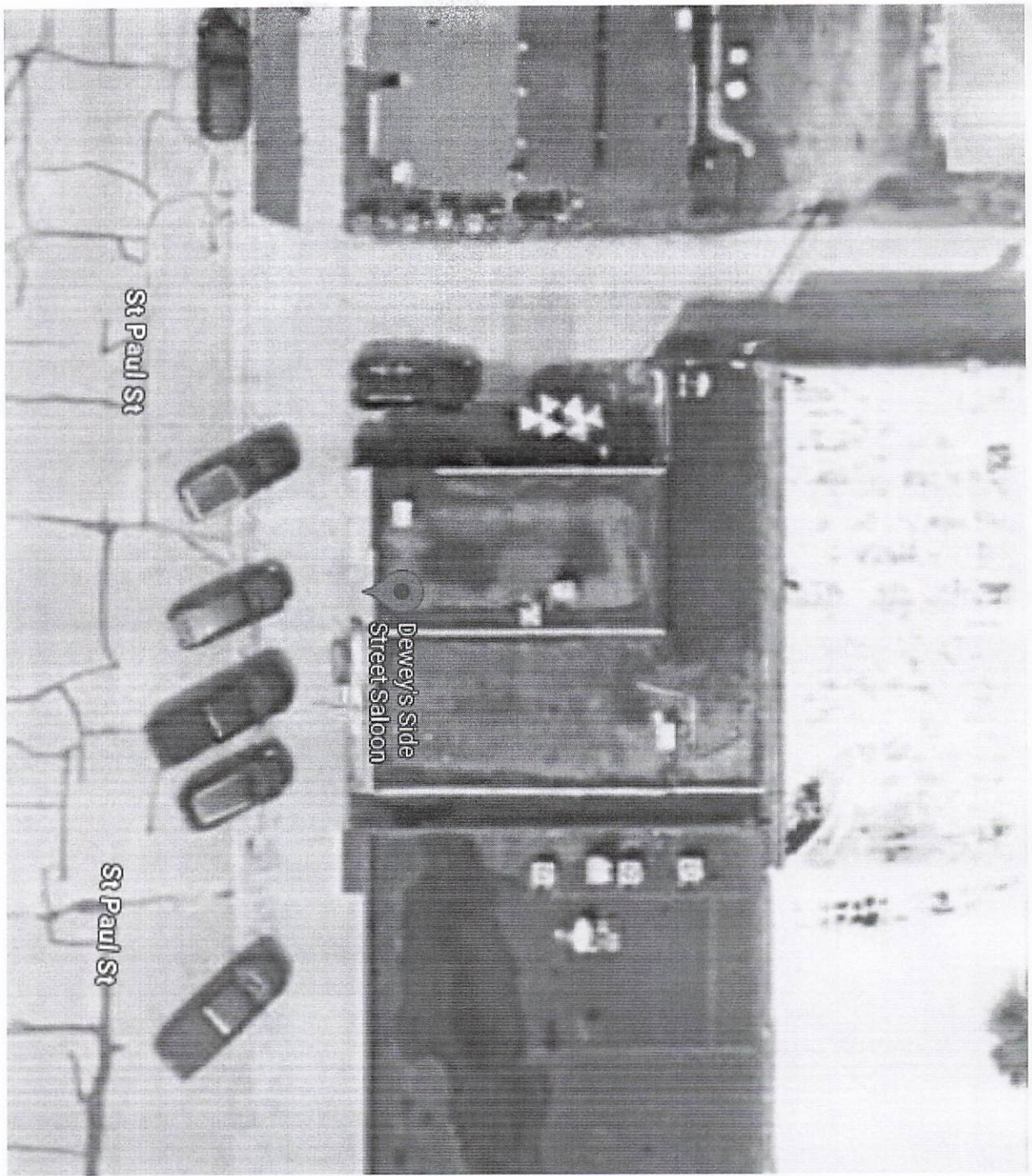
- ☐ Completed applications and fee
- ☐ Surrender of previous license, if applicable
- ☒ Lease, purchase agreement or other proof of control of premise
- ☐ Contact Information Sheet
- ☐ Articles of Incorporation
- ☐ WI Seller's Permit Certificate
- ☐ FEIN
- ☒ Floor Plan
- ☒ Site Plan
- ☒ Proof of course 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



Dewey's Indoor Map

7/22/25

* no changes from former owners.



Dewey's Outdoor Map
7/22/2025

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 \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 20
Total Fees	\$ 620

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) JAMA INVESTMENTS LLC			
2. Business Trade Name or DBA DEWEY'S SIDE STREET SALOON			
3. FEIN 810927325		4. Wisconsin Seller's Permit Number 456-1028936383-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 621 ST PAUL STREET			
10. City LA CROSSE		11. State WI	12. Zip Code 54601
13. County La Crosse		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: La Crosse	
15. Aldermanic District			
16. Premises Phone		17. Premises Email	
		18. Website ourfavoritebar.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. <i>Alcohol will be served: Main floor, entire building address of 621 St. Paul St. La Crosse, WI</i> <i>Alcohol will be stored: employee area supply room</i> <i>Records stored: office area in basement</i>			
20. Mailing Address (if different from premises address) 3860 LABORE RD			
21. City VADNAIS HEIGHTS		22. State MN	23. Zip Code 55110
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
		Trial Date	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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. ☒ 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
STOFFLET	JESSICA	AGENT	(920) 318-3203
SCHMITZ	ANDREW	<i>Sole</i> MEMBER	(651) 210-3109

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 ANDREW		M.I. J
Title MEMBER		Email ANDREW.SCHMITZ@SUPERIORVENDINGIN	Phone (651) 210-3109	
Signature 			Date 7/22/25	

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
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)

JAMA INVESTMENTS LLC

2. Business Trade Name or DBA

DEWEY'S SIDE STREET SALOON

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.

Part B: Agent Information

1. Last Name

STOFFLET

2. First Name

JESSICA

3. M.I.

Ann

4. Email

Jessicaas428@outlook.com

5. Phone

(920) 318-3203

6. Home Address

1432 KANE ST

7. City

LA CROSSE

8. State

WI

9. Zip Code

54603

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

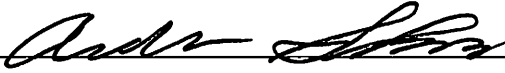
Part C: Agent Questions

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 →

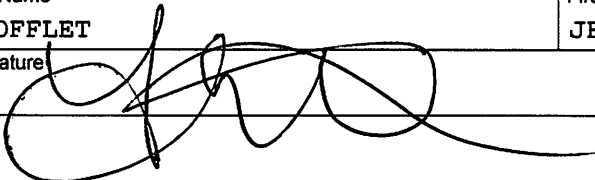
Part D: Business Attestation

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 ANDREW		M.I. J
Title MEMBER	Email ANDREW.SCHMITZ@SUPERIORVENDINGINC.		Phone (651) 210-3109	
Signature 			Date 7-22-25	

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 STOFFLET		First Name JESSICA		M.I.
Signature 			Date 07/22/2025	

*doubles as proof of residence (48)



**City of La Crosse, Wisconsin:
BEVERAGE OPERATORS LICENSE:**

- Remove your card and always have it in your possession when serving/selling beer and/or alcohol beverages.
- Licenses should not be duplicated. If you need a replacement, please contact the City Clerk's Office. The original license should be retained by you as the licensee.
- Pursuant to Resolution 17-1333, the Common Council recognizes that sexual violence prevention is a relevant local concern and offers information provided by the National Sexual Violence Resource Center titled Engaging Bystanders to Prevent Sexual Violence. A link to the handout can be found on the City's website at this URL:
<https://www.cityoflacrosse.org/beverage-operator>

JESSICA ANN STOFFLET
1432 KANE ST
LA CROSSE WI 54603

**City of La Crosse, Wisconsin
BEVERAGE OPERATORS LICENSE**

Class
2-Year

Name
JESSICA ANN STOFFLET

Number
002789-2024

Issued
7/1/2024

Expires
6/30/2026

Nikki Elsen, City Clerk

Renew on or before
6/1/2026

Alcohol Beverage
Individual Questionnaire

Date

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 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)

JAMA INVESTMENTS LLC

2. Business Trade Name or DBA

DEWEY'S SIDE STREET SALOON

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

STOFFLET

2. First Name

JESSICA

3. M.I.

Ann

4. Relationship to Business (Title)

5. Email

Jessicaas428@outlook.com

6. Phone

(920) 318-3203

7. Home Address

1432 KANE ST

8. City

LA CROSSE

9. State

WI

10. Zip Code

54603

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

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)

01/1985

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

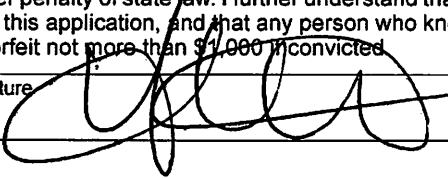
Previous Address	City	State	Zip Code
816 Copeland Ave	Lacrosse	WI	54603
419 Caledonia St	Lacrosse	WI	54603
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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
AZ	Phoenix	AZ	Maricopa				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated OWI 3rd	Location Ladose	Conviction Date 07/2023
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated OWI 2nd	Location Columbia	Conviction Date 2013?
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 07/22/2025

**Alcohol Beverage
Individual Questionnaire**Date

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 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) JAMA INVESTMENTS LLC	
2. Business Trade Name or DBA DEWEY'S SIDE STREET SALOON	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name SCHMITZ		2. First Name ANDREW		3. M.I. J
4. Relationship to Business (Title) MEMBER		5. Email ANDREW.SCHMITZ@SUPERIORVENDINGINC.		6. Phone (651) 210-3109
7. Home Address 7935 DRAKE RD				
8. City WOODBURY		9. State MN	10. Zip Code 55125	11. Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>
12. Drivers License/State ID Number <div style="background-color: black; width: 100px; height: 20px;"></div>			13. Drivers License/State ID State of Issuance MN	

Part C: Address History

1. Do you currently live in Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)			
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
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
MN	Washington	MN	Goodhue
State	County	State	County
MN	Dakota		

Continued →

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

Law/Ordinance Violated	Location	Conviction Date
DUI	St. Clair County, Baldwin, WI	6/15/20

Penalty Imposed	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fine, 90 Day Licence Suspension	

Law/Ordinance Violated	Location	Conviction Date
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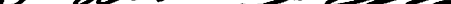

Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

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	
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SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee:

Premises Address: 621 St. Paul St. Lacrosse 54603

Trade Name:

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:

(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

Andi [Signature]
President, Member, Partner, Individual

Sole member
Secretary, Member, Partner

Current Licensee

Julie L. Helgersen
President, Member, Partner, Individual

Member - Owner
Secretary, Member, Partner

State of Wisconsin)

) ss.

County of La Crosse)

On the 22nd day of July, 2025, personally came before me Julie Helgersen, 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.

Notary Public

La Crosse County, Wisconsin

My Commission expires: 08/23/2027



State of Wisconsin)

) ss.

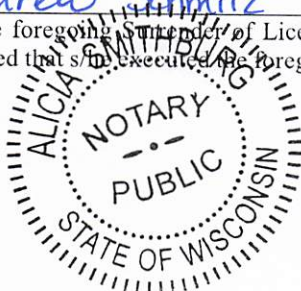
County of La Crosse)

On the 22nd day of July, 2025, personally came before me Andrew Schmitz, 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.

Notary Public

08/23/2027 County, Wisconsin

My Commission expires: La Crosse



Office of City Clerk



July 31, 2025

JAMA INVESTMENTS LLC
ATTN: JESSICA STOFFLET
1432 KANE ST
LA CROSSE WI 54603

Dear Jessica,

Our office is in receipt of the applications for a Combination "Class B" Beer & Liquor license and an Indoor Cabaret at 621 Saint Paul St for the 2025-2026 license period.

Said request will be considered at the following meetings:

Judiciary & Administration Committee

**Tues., August 5, 2025 at 6:00 p.m.
Council Chambers of City Hall, 400 La Crosse St.**

Common Council

**Thurs., August 14, 2025 at 6:00 p.m.
Council Chambers of City Hall, 400 La Crosse St.**

We recommend 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 not allowed at the Council meeting; although, you are welcome to attend. Your applications are lumped in with other license applications and will be on the agenda as 25-0381 (Various Licenses 2025-2026 – August).

Attendance is allowed either in person or virtually. If you wish to attend virtually, please email me for the link to participate. 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: Jessica Stofflet – jessicaas428@outlook.com
Andrew Schmitz – Andrew.schmitz@superiorvendinginc.com