

License Check-Off Sheet

Original / Renewal

Name: KUMAR LLC

Trade Name: NEW TASTE OF INDIA

Address: 1812 Jackson St

Council Meeting: June 12, 2014

Type(s) of License: Class "B" Beer & "Class C" Wine

Fire: HOLD / OK

Health: HOLD / OK

Inspection: HOLD / OK

Water: HOLD / OK

Municipal Court: HOLD / OK

Police: HOLD / OK

Attorney: HOLD / OK

HOLD / OK Beer and/or Liquor Bills:

HOLD / OK Taxes - Personal Property ONLY and/or Room Tax

HOLD / OK Training Course Completed (Individual/Partnership/Agent)
Date: Holds license

HOLD / OK WI Seller's Permit Number: 456-1027427497-02
Mailed from City Clerk's Office on: _____

Comments:

FOR Remainder of the year

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 13th 20 14
 ending June 30 20 14

TO THE GOVERNING BODY of the: LA CROSSE
 Town of }
 Village of }
 City of }

County of _____ 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): KUMAR 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. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Jatinder Kumar</u>	<u>1424 Johnson St</u>	<u>La Crosse WI 54601</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Jatinder Kumar</u>	<u>1424 Johnson St</u>	<u>La Crosse WI 54601</u>
Directors/Managers	<u>NONE</u>	_____	_____

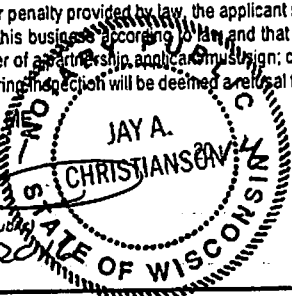
3. Trade Name NEW TASTE OF INDIA Business Phone Number 608-782-8133
 4. Address of Premises 1812 Jackson St Post Office & Zip Code La Crosse WI 54601

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 employe 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 4/2014 of registration. Yes No
 (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.) Entire first floor premise including bar in front / storage in the back inside the cooler
10. Legal description (omit if street address is 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? NEW TASTE OF INDIA LLC d/b/a New Taste of India
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) 266-2776]. 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, application signers; 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 30th day of April 2014

 _____ (Clerk/Notary Public)
 _____ (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

Date received and filed with municipal clerk <u>4/30/14</u>	Date reported to council/board _____	Date provisional license issued _____	Signature of Clerk / Deputy Clerk _____
Date license granted _____	Date license issued _____	License number issued _____	

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>8.34</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>8.34</u>
Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ _____
Reserve Class B liquor	\$ _____
Publication fee <input checked="" type="checkbox"/>	\$ <u>40.00</u>
TOTAL FEE	\$ <u>56.68</u>

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of LA-CROSSE County of LA-CROSSE

The undersigned duly authorized officer(s)/members/managers of KUMAR LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as NEW-TASTE OF INDIA
(trade name)

located at 1812 JACKSON ST LA-CROSSE WI 54601

appoints JATINDER KUMAR
(name of appointed agent)

1424 JOHNSON ST LA CROSSE WI 54601
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year 1424 JOHNSON ST LA-CROSSE WI 54601

For: KUMAR LLC
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jatinder Kumar, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 4/30/14 Agent's age _____
(signature of agent) (date)

1424 Johnson St LA Crosse WI 54601 Date of birth _____
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5/13/14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

SURRENDER OF LICENSE
Part I

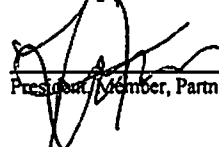
Legal/Real Name of Current Licensee: NEW TASTE OF INDIA LLC
 Premises Address: 1812 JACKSON ST LA-CROSSE WI 54601
 Trade Name: NEW TASTE OF INDIA

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: KUMAR LLC
(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



 President, Member, Partner, Individual

Current Licensee



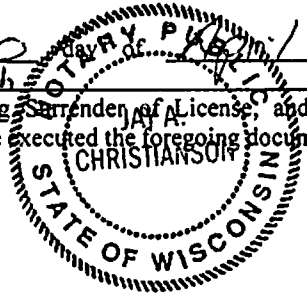
 President, Member, Partner, Individual


 Secretary, Member, Partner

 Secretary, Member, Partner

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

On the 30 day of APRIL, 2014, personally came before me
Maya Parkash, 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: 3-13-2016

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

On the 30 day of JANUARY, 2014, personally came before me
Jatinder Kumar, 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
LA CROSSE County, Wisconsin
 My Commission expires: 5-12-2016

SURRENDER OF LICENSE
Part II

May 7th, 2011
Date

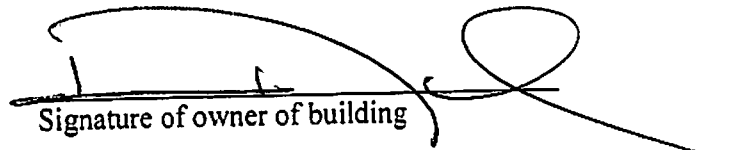
City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at
1812 Jackson Street, La Crosse, Wisconsin.

I have entered into a lease for the above property effective _____ with
New Taste of India. (Strike sentence if not applicable.)

Further, this letter is to document that said owner or tenant has control of the premises,
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,


Signature of owner of building

Printed name of owner: Michael R. Keil (Gateway Real Estate)
Home address of owner: 116 A 5th Ave S.
La Crosse 54601
Daytime phone number of owner: 608 386 4537