

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	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <i>Rays Adams Street Pub LLC</i>			
2. Business Trade Name or DBA <i>Adam St. Pub</i>			
3. FEIN <i>33-2600625</i>		4. Wisconsin Seller's Permit Number <i>456-1031896645</i>	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>WI</i>		7. Date of Organization	8. Wisconsin DFI Registration Number <i>201783</i>
9. Premises Address <i>1200 11th St S.</i>			
10. City <i>La Crosse</i>		11. State <i>WI</i>	12. Zip Code <i>54601</i>
13. County <i>La Crosse</i>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>LaCrosse</i>	15. Aldermanic District
16. Premises Phone <i>608 792 3156</i>		17. Premises Email <i>RaysAdamsStreetPub@gmail.</i>	18. Website
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>tavern, including room with pool table and enclosed Beer garden.</i>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. 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. <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	

LICENSE INFO

Sales and Service Area *

BARROOM IN ONE STORY BUILDING



Storage Area

STORAGE IN OFFICE AND BASEMENT AND RECORDS IN OFFICE



Months to Pro-Rate *

0

WI Sellers Permit #

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
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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
Rausa	Rachel	owner	608.792.3156

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 Rausa	First Name Rachel	M.I. L
Title owner	Email Rausadamsstreetpub@gmail.com	Phone 608-792-3156
Signature Rachel Rausa		Date 1/21/25

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)
Rays Adam St. Pub LLC/ Rachel Rausa

2. Business Trade Name or DBA
Adams St. 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.

Part B: Agent Information

1. Last Name Rausa	2. First Name Rachel	3. M.I. L
4. Email rayrausa@gmail.com	5. Phone 608.792.3156	
6. Home Address 71 Hinkley Rd. E.		
7. City LaCrosse	8. State WI	9. Zip Code 54603
10. Age 47	11. Drivers License/State ID Number [REDACTED]	
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.

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 <i>Rausa</i>	First Name <i>Rachel</i>	M.I. <i>L.</i>
Title <i>Owner</i>	Email <i>rayrausa@gmail.com</i>	Phone <i>608.792-3156</i>
Signature <i>Rachel Rausa</i>		Date <i>1/24/25</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>Rausa</i>	First Name <i>Rachel</i>	M.I. <i>L.</i>
Signature <i>Rachel Rausa</i>		Date <i>1/24/25</i>

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) <i>Ray's Adams Street Pub LLC</i>	
2. Business/Trade Name or DBA <i>Adams Street Pub.</i>	
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <i>Rausa</i>	2. First Name <i>Rachel</i>	3. M.I. <i>L.</i>	
4. Relationship to Business (Title) <i>owner</i>	5. Email <i>rayrausa@gmail.com</i>	6. Phone <i>608-792-3156</i>	
7. Home Address <i>71 Hinkley Rd. E.</i>			
8. City <i>LaCrosse</i>	9. State <i>WI</i>	10. Zip Code <i>54603</i>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years <i>47</i>
Months			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <i>Niels Hagen Rd.</i>	City <i>LaCrosse</i>	State <i>WI</i>	Zip Code <i>54601</i>
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 <i>IA</i>	County <i>Blackhawk</i>	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 <i>DUI</i>	Location <i>LaCrosse</i>	Conviction Date <i>2008?</i>
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Penalty Imposed	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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

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 <i>Rachel Rausa</i>	Date <i>1/24/25</i>
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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: <i>Rays Adam Street Pub LLC.</i>		Trade Name: <i>Adams St Pub</i>	
Address: <i>1200 11th St S.</i>	Street	City <i>LaCrosse</i>	State <i>WI</i>
		Zip Code <i>54601</i>	
Telephone Number: <i>608-792-3156</i>	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:

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:

11 am - 12 am

Anticipated Number of Employees:

3-4.

Other Business to Be Conducted on Premise:

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

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

_____ % Alcohol _____ % Food _____ % Other

If applicable, describe "Other":

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

Indoor _____

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.

yes - Beer Garden

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

If yes, a cabaret license will be required.

no.

Do you have off-street parking? Yes No

If yes, how many parking spaces? 2-3

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.

Rachel Ranga
Signature

1/24/25
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