

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: May 13, 2022 ending: June 30, 2022  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } LaCrosse  
 Village of }  
 City of }

County of LaCrosse Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>250.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>50.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$ <u>320.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Studio Motif 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 full name and place of residence of each person.

President / Member Last Name <u>Johnson</u>	(First) <u>Angela</u>	(Middle Name) <u>Kate</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1 Buchner pl. LaCrosse WI 54603</u>
Vice President / Member Last Name <u>Wright</u>	(First) <u>Laura</u>	(Middle Name) <u>Kay</u>	Home Address (Street, City or Post Office, & Zip Code) <u>214 N L St Sparta WI 54656</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Johnson</u>	(First) <u>Angela</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1 Buchner Pl LaCrosse WI 54603</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name All Glazed UP! Business Phone Number (608) 782-7248  
 2. Address of Premises 313 Pearl st Post Office & Zip Code 54601

3. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
*Premise description* We keep all of our alcohol behind the counter out of view in the boxes. We have one fridge we stock and we offer soda and water as well. We also sell pre packaged snacks.  
See attached

4. Legal description (omit if street address is given above): \_\_\_\_\_  
 5. (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? Jim Bressi - Creative Canvas + board  
Generous Earth Pottery LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain  Yes  No

Angela Johnson holds bartender license  
exp 6/2023

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain  Yes  No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2-15-22 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain  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? If yes, explain  Yes  No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>Johnson Angela K</u>	Title/Member <u>owner</u>	Date <u>3-3-22</u>
Signature <u>Angela K Johnson</u>	Phone Number <u>608 724-2459</u>	Email Address <u>ajohnson199791@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of La Crosse, County of La Crosse, State of Wisconsin

400 La Crosse Street, La Crosse, WI 54601

# LICENSE

Whereas, the local governing body of the City of La Crosse, County of La Crosse, Wisconsin, has, upon application duly made, granted and authorized the issuance of the license(s) indicated below to **GENEROUS EARTH POTTERY LLC d/b/a CREATIVE CANVAS & BOARD** as defined by law, pursuant to Wisconsin State Statutes and/or local Ordinances; and

Whereas, the said applicant has paid the Treasurer the appropriate fee for the license(s) indicated as required by Wisconsin State Statutes and/or local Ordinances, and has complied with all the requirements necessary for obtaining such license(s);

The following license(s) for the period shown are hereby issued to said applicant for the premise located at:

**313 PEARL ST**

for the period and description below:

~~Combination "Class B" Beer & Liquor (ALC005267-04-2021)~~

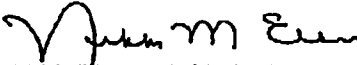
July 1, 2021 to June 30, 2022

Agent: ANGELA JOHNSON

Sales and Service Description: *First floor of 2-story building; approximately 3,000 square feet.*

Storage Description: *Refrigerator and storage room in back.*

Business Number: 001919-2019  
Company Number: ID-000007588  
License Year: 2021  
Date Issued: 3/11/2021

  
Nikki M. Elsen, WCMC, City Clerk

# 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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of LaCrosse County of LaCrosse

The undersigned duly authorized officer/member/manager of Studio Motif 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 All Glazed Up  
(Trade Name)

located at 313 Pearl st

appoints Angela K. Johnson  
(Name of Appointed Agent)

1 Buchner pl. LaCrosse WI 54603  
(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? 1 year

Place of residence last year Wisconsin

For: Studio Motif LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Angela K Johnson  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, Angela K Johnson, 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.

Angela K Johnson 2/21/2022 Agent's age 42  
(Signature of Agent) (Date)  
1 Buchner Pl LaCrosse WI 54601 Date of birth [REDACTED]  
(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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)