

Alcohol Beverage
Individual QuestionnaireDate
4/24/25

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)	
The Pearl LLC	
2. Business Trade Name or DBA	
The Grand Hotel Ballroom & Gallery	
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		2. First Name		3. M.I.
Peterslie		Danielle		M
4. Relationship to Business (Title)	5. Email		6. Phone	
member	dani.peterslie@gmail.com		608-385-3109	
7. Home Address				
11406 Red oaks Dr.				
8. City	9. State	10. Zip Code	11. Date of Birth	
Lacrosse	WI	54601		
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
		WI		

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	Months
				36	6
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	
2632 State St.		Lacrosse	WI	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
TX	TRAVIS				
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	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
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



Date

4/24/25

Alcohol Beverage
Appointment of AgentDate
4/25/25

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)

The Pearl LLC

2. Business Trade Name or DBA

The Grand Hotel Ballroom and Gallery

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 Peterslie	2. First Name Dani	3. M.I. M
4. Email dani.peterslie@gmail.com	5. Phone 608-385-3109	
6. Home Address 11406 Red Oaks Dr		
7. City La Crosse	8. State WI	9. Zip Code 54601
10. Age 36		
11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI	

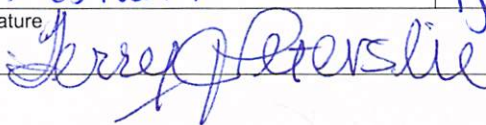
Part C: Agent Questions

- | | |
|---|---|
| 1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion. -Should be on file w/ city | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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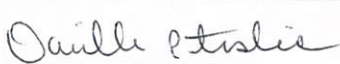
Part D: Business Attestation

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 Peterslie		First Name Terry		M.I. J
Title President	Email tjpeterslie@gmail.com		Phone (608) 385-3458	
Signature 			Date 4.24.25	

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 Peterslie		First Name Danielle		M.I. M
Signature 			Date 4/24/25	



**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.
- These should not be photocopied.
- 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>

DANIELLE MICHELLE PETERSLIE
207 PEARL ST
LA CROSSE WI 54601

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

Class
2-Year

Name
DANIELLE MICHELLE PETERSLIE

Number	Issued	Expires
002735-2024	7/1/2024	6/30/2026

Nikki Elsen, City Clerk

Renew on or before 6/1/2026
