

The undersigned licensee requests permission to expand the following alcohol beverage license(s) into outdoor dining area pursuant to Sec. 4-45(b) and/or 4-109(b) of the Municipal Code. Check all license that apply.

Combination "Class B" Beer & Liquor

☐ Class "B" Beer

☐ "Class C" Wine		
BUSINESS INFORMATION		
Legal/Real Name of Business:	, a	
The charmont Hotel, LLC	٠.	iù.
Business Address:		8
101 State St. Ca Crosse, M		
Business Phone Number:	Business Email:	"charmant
608-519-8800	KKMEGER @ +h	notel·com
PREMISES INFORMATION		
Trade Name of Business:		
The Charmont Hotel, CLC		
Address of Premise:		
161 State St. Lackosse, M	54601	
EXPANSION INFORMATION		
Dates of Expansion - must be between April 1 and October 31 (unless	s otherwise permitted by the Board or	Public Works)
May 1 - October 31	<sup>10</sup> 9	
Description of Proposed Expansion – Where Alcohol Will be Present	(square feet, physical location, etc.):	
ser attained		
AGENT INFORMATION	THE REPORT OF THE BUILDING	
Agent Name: First Middle	Last	
Kalunn Elizobeth	L'EUROPEK	
Agent Home Address: Street	City	State Zip Code
N7049 ElizaBeth DR	Harren	W 54636
Phone Number:	Email:	
608-519-8815	exemples @	the charmon't
		Notes con

The above hereby makes application to expand its alcohol beverage license into outdoor dining area pursuant to Sec. 4-45(b) and/or 4-109(b) and the provisions of Sec. 40-106(3) of the Municipal Code. I agree to abide by all applicable state and local regulations including, but not limited, to the sale and service of alcoholic beverages and adherence to noise levels.

> 02/19/20140 Date



