

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 15 20 14 ;
ending Sept 30 20 15

TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☒ City of Lacrosse

County of Lacrosse 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): Goede, Mark, David / ~~Miller, Jean, Jacqueline~~ Sloopys Bar & Grill, Inc.
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.

President/Member President Mark Goede 231 Avon Street Lacrosse, WI 54601
Vice President/Member Vice President Jacqueline Miller 1007 Wilson Street Onalaska, WI 546
Secretary/Member none
Treasurer/Member none
Agent Mark David Goede 231 Avon St
Directors/Managers none

3. Trade Name Sloopys Bar & Grill Business Phone Number (608) 785-0295
4. Address of Premises 163 Copeland Avenue Post Office & Zip Code Lacrosse, 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 employee 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 6/2014 of registration.
(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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) brick building first floor sales + basement storage

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? Eth Prossity, Inc

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

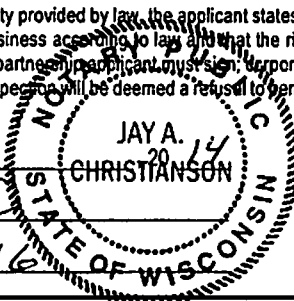
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership must sign; 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 July

[Signature]
(Clerk/Notary Public)

My commission expires 5-13-2016



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/30/14</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 WI Seller's Permit No. / FEIN Number: 436-1029529792 / 471138203

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>91.74</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>458.37</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$

CITY OF LA CROSSE, WI
General Billing - 200055 - 2014
000953-0026 Mark P. P.
169882-0000 Sloopys Bar & Grill, Inc.
07/31/2014 08:56AM

**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 LaCrosse County of LaCrosse

The undersigned duly authorized officer(s)/members/managers of Sloopy's Bar and Grill, Inc.
(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

Sloopy's Bar + Grill
(trade name)

located at 163 Copeland Ave., LaCrosse, WI 54603

appoints Mark Goede
(name of appointed agent)

231 Avon Street, 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? 26 years

Place of residence last year 231 Avon Street, LaCrosse, WI 54603

For: Sloopy's Bar + Grill, Inc.
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Mark Goede, 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] 7-30-14
(signature of agent) (date)

Agent's age _____

Date of birth _____

231 Avon St., LaCrosse, WI 54603
(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)

Original: X
Renewal: X

License Fee: \$100.00
Invoice #: 200055

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Sloopy's Bar & Grill, Inc.
Address of above: 163 Copeland Ave, La Crosse, WI 54603
Trade name of business: Sloopy's Bar & Grill
Address of premises to be licensed: 163 Copeland Avenue La Crosse, WI 54601
Wisconsin Seller's Permit #: _____
Business phone number: (608) 785-0245
Detailed description of cabaret area to be licensed: Entire first floor of two story brick building.
Premises are owned by: Carlee Bank / Ein Prosit
Address of owner: 1516 Losey Blvd. S La Crosse, WI 54601
Name of Cabaret Manager: Mark David Goede
Home address of Cabaret Manager: 231 Avon. Street La Crosse, WI 54601
Home phone number of Cabaret Manager: (608) 386-5222
Daytime phone number of Cabaret Manager: (608) 386-5222
Date of Birth of Cabaret Manager: _____
Was the above person listed as manager on last year's application? Yes No
Other business to be conducted upon the premises: Normal bar/restaurant
Nature of entertainment: Occasional Live Music
License Period: Aug 15, 2014 to June 30, 2015

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse.

Mark Goede 6-19-14
(Signature of applicant & date)

OFFICE USE ONLY:

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? No If yes, attach a list of those lands

Signature and date _____

Granted: _____ Munis Customer #: _____ License #: _____

570.00

General Billing - 200055 - 2014
000955-0026 Mark P. 07/31/2014 08:50AM
164988 - SLOOPY'S BAR & GRILL, INC.

New: X
Renewal:

License Fee: \$ 110.00

Receipt #: 200055

APPLICATION FOR BEER GARDEN LICENSE

Class "A" X Class "B" Class "C" Class "D"
(ZONING RESTRICTION)

To the Common Council of the City of La Crosse:

Legal/Real Name: Sloop's Bar & Grill, Inc.

Address of above: 163 Copeland Ave, La Crosse, WI 54603

Trade name of business: Sloop's Bar & Grill

Address of premises to be licensed: 163 Copeland Avenue La Crosse, WI 54603

Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.) See Att.

Name of manager (FIRST, MIDDLE & LAST:)

Mark David Goode

Home address:

231 E. Avon Street La Crosse, WI 54603

Home phone number:

(608) 386-5222

Daytime phone number:

(608) 386-5222

Date of Birth:

License Period:

The above hereby makes application for a license to operate a Beer Garden at the above address within the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse.

(Signature of Applicant)

(Date)

****A PLAN MUST ACCOMPANY THIS APPLICATION****

OFFICE USE ONLY:

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature and date:

Granted:

License #:

Payment Amount:

\$70.00

Call us at 608-785-1111
General Billing - 200055 - 2014
000953-0026 Mark P. 07/31/2014 08:50AM
164988 - SLOOP'S BAR & GRILL, INC.

* SW corner of Sloopy's building extending into the rear parking lot; it is 850 square feet fenced in with vinyl fencing; poured concrete slab with egress.

