



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period \_\_\_\_\_ to \_\_\_\_\_ Fee: \$ 135**BUSINESS INFORMATION\***

Legal/Real Name:

Jana Investments D.B.A. Dewey's Side Street bar

Address of Above: Street

621 St. Paul Street, Lacroix, WI 54603**PREMISES INFORMATION**

Trade Name of Business:

Dewey's Side Street bar

Address of premises to be Licensed:

621 St. Paul Street

Business Phone Number:

Premises are Owned By:

SLP Center, LLC (as of Aug 5th, 2025)

Address of Owner: Street

3860 Labore Road Vadnais Heights, MN 55110**CABARET INFORMATION**

Detailed description of cabaret area to be licensed:

Stage, room next to bar

Nature of Entertainment:

Bar with individuals singing, bringing guitar to open jam

Other Business Conducted upon the premises:

None**MANAGER INFORMATION\***

Cabaret Manager Name: First

Middle

Last

JessicaAnnStofflet

Cabaret Manager Home Address: Street

1432 Kane Street

City

Lacroix

State

WI

Zip Code

54603

Home Phone Number of Cabaret Manager:


Daytime Phone Number of Cabaret Manager:

920-318-3203

Was the above person listed as manager on last year's application?

☐ Yes ☒ No**\*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.**

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 Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

  
Signature of Applicant7-22-25  
Date**OFFICE USE ONLY**

For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises?

☐ Yes (if yes, attach a list of those lands) ☐ No

Signature:

Date:

Granted:

License #:



# Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member **AND** Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE			
Name: First <b>Andrew</b>		Middle <b>Joseph</b>	Last <b>Schmitz</b>
Home Address: Street <b>7935 Drake Rd</b>		City <b>Woodbury</b>	State <b>MN</b> Zip Code <b>55125</b>
Phone Number: <b>651-210-3109</b>	Email: <b>andrew.schmitz@superiorvendinginc</b>	Date of Birth: (mm/dd/yyyy) <div style="background-color: black; width: 150px; height: 20px;"></div>	
Violations: <b>superior vending inc</b>			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			