

City of La Crosse, Wisconsin APPLICATION FOR INDOOR CABARET LICENSE

Check One: New Renewal For the licer	nse period	to	Fee: S	135
BUSINESS INFORMATION*	W. Y. Y.C.S.	Car and the same	- 40 Si Ko	The American
egal/Real Name:				
Tana Tayas L. da	D.B.A.	Dewers 5/d	e street ba	h
Address of Above: Street		City	State	Zip Code
ddress of Above: Street 621 51. Paul St	reet,	Lactosse	uI	54603
REMISES INFORMATION	94/2/95V	DI MONEY		
rade Name of Business:	2			
Deweys Si'de Street	bar			
ddress of premises to be Licensed:			Business Phone No	ımber:
621 St. Paul Street				
Premises are Owned By: SLP Center, L	LC	(as of A	い 5位, 202 State	5)
Address of Owner: Street		City	State	Zip Code
3860 Labore 12	load	Vadrais	Heshis, M	55110
CABARET INFORMATION		V04043 /	1-010-1700	33775
etailed description of cabaret area to be licensed:				Kanta Karangan Salah Aria
Standa doscription of sabarot area to be necessary				
Stage, from Next	to bar			
ature of Entertainment:				
Bar with in	dividuals	s singing, br	inging guite	to open
Other Business Conducted upon the premises:				
Nove				
MANAGER INFORMATION*				
abaret Manager Name: First	Middle		Last	
Jessica	Ann	<	+	
	71101	City	State	7in Codo
abaret Manager Home Address: Street		1 = 1 -	State	Zip Code
1432 Kane Stheet		Lackessa	State State	5 4603
lome Phone Number of Cabaret Manager:		Daytime Phone Number	of Cabaret Manager:	
920-318-3203				
Vas the above person listed as manager on last year's a □ Yes XNo	application?	4.79	- 2.22	and the service of th
Personal Data Sheet must be completed for e	each Officer/	Member of the Bus	iness and the Mana	iger.
The above hereby makes application for a license	to operate an	Indoor Cabaret at the	above address withi	n the City of
a Crosse pursuant to provisions of Sec. 10-100 o				
	1	2		22-25
The state of the s	1			
			D .	
Signatus	re of Applicar	nt	Date	
OFFICE USE ONLY				
Signatur OFFICE USE ONLY for original application: Are there lands zoned conservance \(\sumset \text{Yes} \) (if yes, attach a list of those lands	cy, residential o	r multiple dwelling with		

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 CHAR	GE		
Name: First	Middle		Last
Andrew	36	BSUDH	5 hmitz
Home Address: Street		City	State Zip Code
7935 Pral	ce Rd	Habod	2675 M Mys
Phone Number:	Email:		Date of Birth: (mm/dd/vvvv)
05 - 210 - 3109	andrew. Su	mnitza	
Violations:	a spring	110m driver In	C
	Supa la	vendinging	
OFFICER/MEMBER			
Name: First	Middle	THE PARTY OF THE P	Last
Home Address: Street		City	State Zip Code
		0.1,	State Zip Code
(SNOT ILLS 6	with the life)	344	SLP Center
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)
			1 1 30
Violations:	H 2 jack all	2 100	HORA GREE
violations:			
OFFICER/MEMBER			
Name: First	Middle		
nume. That	Middle		Last
			Y
Home Address: Street		City	State Zip Code
		le die jy iteniy	Otate Zip Code
Harry Street Str			
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)
			20,000
Violations:			
violations:			
		Ann	
OFFICER/MEMBER			
Name: First	Middle		
Name. 1 list	Middle		Last
Home Address: Street		City	State Zip Code
18-3203	712-5	O.L.y	State Zip Gode
Phone Number:	Email:	3 2	Date of Birth: (mm/dd/yyyy)
Violations			
Violations:			
OFFICER/MEMBER			
Name: First	AP. III		
Name. First	Middle	100	Last
32.22.25			
Home Address: Street		City	State Zip Code
		Oity	State Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Violations:			