Original Alcohol Be (Submit to municipal clerk.)	verage Retail	License A	pplication	Applicant's Wisconsin Seller's Pe 456-10304678 FEIN Number	mit Number 9 6 - OH
	1.11		1. 1	85-2854187	
For the license period beginning	ng: OS/14/2(	21 ending: 0(	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	0		Class A beer	\$
To the Governing Body of the:	∷ Uillage of } _ \	a Crosse	٥	Class B beer	\$
	X City of			Class C wine	S
1 ^				Class A liquor	s
county of La Cros	Se	Aldermanio	: Dist. No.	Class A liquor (cider only)	S N/A
		(if required	by ordinance)	Class B liquor	S
				Reserve Class B liquor	\$
Check one:  Individual	Mimited Liability	Class B (wine only) winer	y \$		
				Publication fee	\$
Partnership	Corporation/No	iprolit Organizati	011	TOTAL FEE	\$
Name (individual / partners give last	name, first, middle; corpora	ations / limited liability	companies give registere	ed name)	
El Charro	Bar Grill	Mexican	Rostanio	int hhC.	
S. C. E D	DON CINI	1191000	Vicalado	ALC MACE	
An "Auxiliary Questionnaire by each member of a partne each member/manager and	ership, and by each	officer, director	r and agent of a co y. List the full name	orporation or nonprofit org e and place of residence of e	anization, and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Connoin	Luis	Antonio	10488 F	srest Ave. Hayu	sord ws 54843
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	(1)
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zio Code)	
Finecurve	melissa	18ue>	0007 1	akeshore Dr. U	nital 54603
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	1
Ollectors / Managers Last Name	(Filst)	(IMIOGIE INAITIE)	Tiome / valieus (circui,	Gity Si y dat Gilloof d Ely 30009	
Trade Name <u>El Cho</u> Address of Premises <u>II</u>			Business Pho	one Number <u>608-519</u> Zip Code <u>La Crosse</u>	-3077 WI 54601
<ol> <li>Premises description: De applicant must include al storage of alcohol bevera described.)</li> </ol>	escribe building or bu Il rooms including livi ages and records. (A	uildings where all ing quarters, if us alcohol beverage	sed, for the sales, s s may be sold and s	e to be sold and stored. The service, consumption, and/or stored only on the premises	•
the birst f	foor of po	ilding a	nd Beed	garden Cratic	m-front)
B) Storage: I	In Storacti	c LCOW a	ind at t	ne bor in the	Ī.
coble	rs. )	8			<del></del>
-			Will ST	p:	-
A Landada Callar Callar		an abouts's		ir lies - V-	<del></del>
4. Legal description (omit if				<u> </u>	
		197 111 1199		e year?	_
(b) If yes, under what na	me was license issue	ed? Las N	Pargoritas	Mexican Rest	avant

6.	ls in bev	dividual, partners or ag erage server training co	ent of corporation/limited ourse for this license perio	liability cond	npany subject to co	ompletion of the	responsible	Yes	□ No
7.	is th	ne applicant an employe es, explain.	e or agent of, or acting on	behalf of a	nyone except the r	named applican	17	Yes	Ď(No
8.	Doe bus	iness? <b>If yes, explain</b>	verage retail licensee or			<i></i>		☐ Yes	No
9.		of registration.	pility company applicant					2020	)
	(b)	company? If yes, exp	n/limited liability compan				nited liability	☐ Yes	<b>\$</b> 000
		Does the corporation, member/manager or a If yes, explain.	or any officer, director, st gent hold any interest in	ockholder ( any other a	or agent or limited alcohol beverage li	liability compar cense or permi	ny, or any t in Wisconsin?	' ∐ Yes	150ho
10.	any	ernment Alcohol and T	tand they must register as Tobacco Tax and Trade Bu 182-3277]	reau (TTB)	bv filina (TTB forn	n 5630.5d) befo	re beginning	Yes	□ No
	Doe	es the applicant unders	tand they must hold a Wistand that they must purch	ase alcoho	l beverages only fr	om Wisconsin v		Yes	□ No
the li than assi Con	\$1,0 gned pani	of the knowledge of the sign 100. Signer agrees to operate another (Individual another)	ING: Under penalty provided Iner. Any person who knowingle this business according to licents, or one member of a paracess to any portion of a licent position of this license.	y provides m law and that thership and	aterially false informat the rights and respons licant must sign: one o	ion on this applica sibilities conferred corporate officer, o	tion may be required by the license(s), ne member/manage	if granted, ger of Limite	will not be
Cont	act Pe	erson's Name (Last, First, M.I.)	٨		Title/Member	-1	Date	520000 N	
i	_	urcia, Luis	JH		Owner Phone Number		Email Address	2021	
Sign	ature				715-934-	9790	Latequil	0234	(@
_		Mari I						gmai	1, con
то	BE C	OMPLETED BY CLERK							
Date	recei	ved and filed with municipal clerk	Date reported to council / board	Date provi	sional license issued	Signature of Clerk	Deputy Clerk		
Date	licen	se granted	Date license issued	License nu	imber issued				



## City of La Crosse, Wisconsin APPLICATION FOR BEER GARDEN LICENSE

Check One: ☐ New ☐ Renewal For the license p	eriod May 14 to	100 30 Fee:	\$ 160°°		
License Class: (Check One)	Class "B"	☐ Class "C"	Class "D"		
BUSINESS INFORMATION					
Legal/Real Name: El Charro Bar Grill Mexican Restaural Address of Above: Street	t LLC Hayrson City	rd WI State	54843 Zip Code		
10488 Forest Ave	en en mante de la companio	SISSING TO A STATE OF THE STATE			
PREMISES INFORMATION Trade Name of Business:					
El Chare Bar 7 Call Address of premises to be Licensed:	Mexican Res	tairant			
115 5th Aue. South	a Crosse.	1111 5486	+3		
BEER GARDEN INFORMATION	acciosse,	W 1 3 70			
Description of proposed heer garden: (MUST BE SPECIFIC: S	quare feet, physical location.	material made out of, etc.)			
Patro located in Front entr	y way of bu	Iding on the			
shelter by building itself. 7 patio area, class which as 4 d	con surround	mer patto- Loo	od Fround.		
AGENT INFORMATION	aistancing en	on ston oness	GA. 20		
AGENT INFORMATION Agent Name: First	Middle	Last			
melissa.	sue_	Einecwo			
Agent Home Address; Street  2007 Lakerone Dr	Unita Lacro	isse wi	54603_		
Home Phone Number:	Daytime Phone I	397 - 771	3		
Was the above person listed as agent on last year's applicat	ion?				
□ Yes    No					
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 Sec. 10-47 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 application: Attach a list of all property owners within 200 feet of the proposed licensed premises.					
Signature:	Date:	Granted:	License #:		



