



# City of La Crosse, Wisconsin

## ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

(Ch. 4, secs. 4-72 & 4-142)

*All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.*

*Applications will not be accepted until all of the information is complete and necessary documents provided.*

### TYPE OF LICENSE(S) REQUESTED

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

### APPLICANT

**Legal Business Name** (Corporation, LLC, Sole Proprietor, Partnership):

**Trade Name:**

**Fiesta Mexicana LLC**

**Address:**

Street

City

State

Zip Code

5200 Mormon Coulee Rd

La Crosse, WI

54601

**Telephone Number:**

**Email:**

**Website:**

### ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license **must be activated within 90 days of being granted** pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

**Anticipated Date of Opening:** 2/12/2026

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that **if there is any change to the license or licensee information**, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., **the City Clerk will be notified within 30 days** pursuant to Wis. Stat. sec. 125.04(3)(h).

### CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES

(N/A for Sole Proprietors and Partnerships)

☐ I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.

### BUSINESS PLAN

**Type of Establishment:**

☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store

☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps

☐ Other \_\_\_\_\_

**Hours of Operation:** Sunday-Thursday 11am-9pm, Friday & Sat 11-10pm

<b>Anticipated Number of Employees:</b> 8
<b>Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 90%;">         Management will provide in-house training covering Minnesota alcohol laws, ID verification, refusal of service, and responsible alcohol sales. Refresher training will be provided as needed.       </div>
<b>Other Business to Be Conducted on Premise:</b> N/A
<b>Estimated gross receipts for food and alcohol beverage sales by percentage.</b> (Note: Non-alcoholic drinks are classified as "Food.") <div style="margin-top: 10px;">           20 _____ % Alcohol    80 _____ % Food    0 _____ % Other         </div> <div style="margin-top: 10px;">           If applicable, describe "Other": <span style="border: 1px solid black; display: inline-block; width: 500px; height: 20px; vertical-align: middle;"></span> </div>
<b>Estimated capacity (Class B and Class C licenses only):</b> <div style="margin-top: 10px;">           Indoor 188 _____ Outdoor, if applicable 40 _____         </div>
<b>Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.</b> If yes, a beer garden license or outdoor dining permit is required. yes a patio with tables and chairs
<b>Will there be live entertainment (music or dancing) on premise? If yes, explain.</b> If yes, a cabaret license is required. None
<b>Do you have off-street parking?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many parking spaces? 30 _____ If no, how will parking be accommodated. N/A
<b>Provide a sketch of the floor plan showing overall dimensions, the areas of sales, consumption and storage, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).</b>
<b>Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.</b>

The information provided is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">Edison Cumbe</div> <div style="border-top: 1px solid black; width: 100%;"></div> <b>Signature</b>	<div style="margin-bottom: 5px;">1/7/2026</div> <div style="border-top: 1px solid black; width: 100%;"></div> <b>Date</b>
--	---

<b>FOR OFFICE USE – City Clerk’s Office checklist for complete applications</b>
<div style="margin-top: 5px;"> <input type="checkbox"/> Completed applications and fee  <input type="checkbox"/> Surrender of previous license, if applicable  <input type="checkbox"/> Lease, purchase agreement, or other proof of control of premise  <input type="checkbox"/> Contact Information Sheet  <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> WI Seller’s Permit Certificate (copy)  <input type="checkbox"/> FEIN (copy)  <input type="checkbox"/> Floor Plan  <input type="checkbox"/> Site Plan  <input type="checkbox"/> Proof of course completion or valid operator license or on other license within last two years.  <input type="checkbox"/> Confirm proximity to school, church or hospital  <input type="checkbox"/> Confirm proximity to land zoned residential or multiple dwelling         </div>

Exit

Height: 8'  
Broad: 35'  
Long: 45'  
X: 101

Men's  
Bathroom

Women's  
Bathroom

XE  
Tab

XE  
Tab

XE  
Tab

XE  
Tab

Exit

XE  
Tab

XE  
Tab

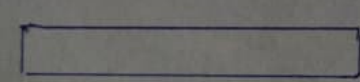
XE  
Tab

Bath  
Room

Server  
Station

XB  
Tab

Kitchen



Equipment

Height: 8 ft  
Broad: 34 ft  
Long: 33 ft

XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

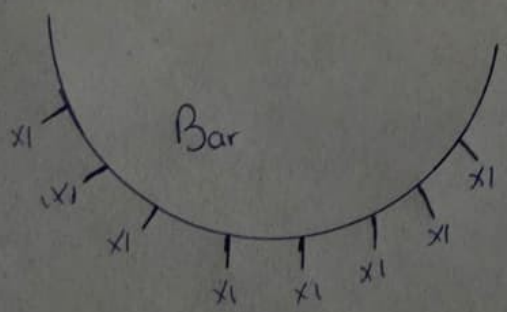
XB  
Tab

XB  
Tab

XB  
Tab

Exit

Bar



Exit

XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

Host  
Stand

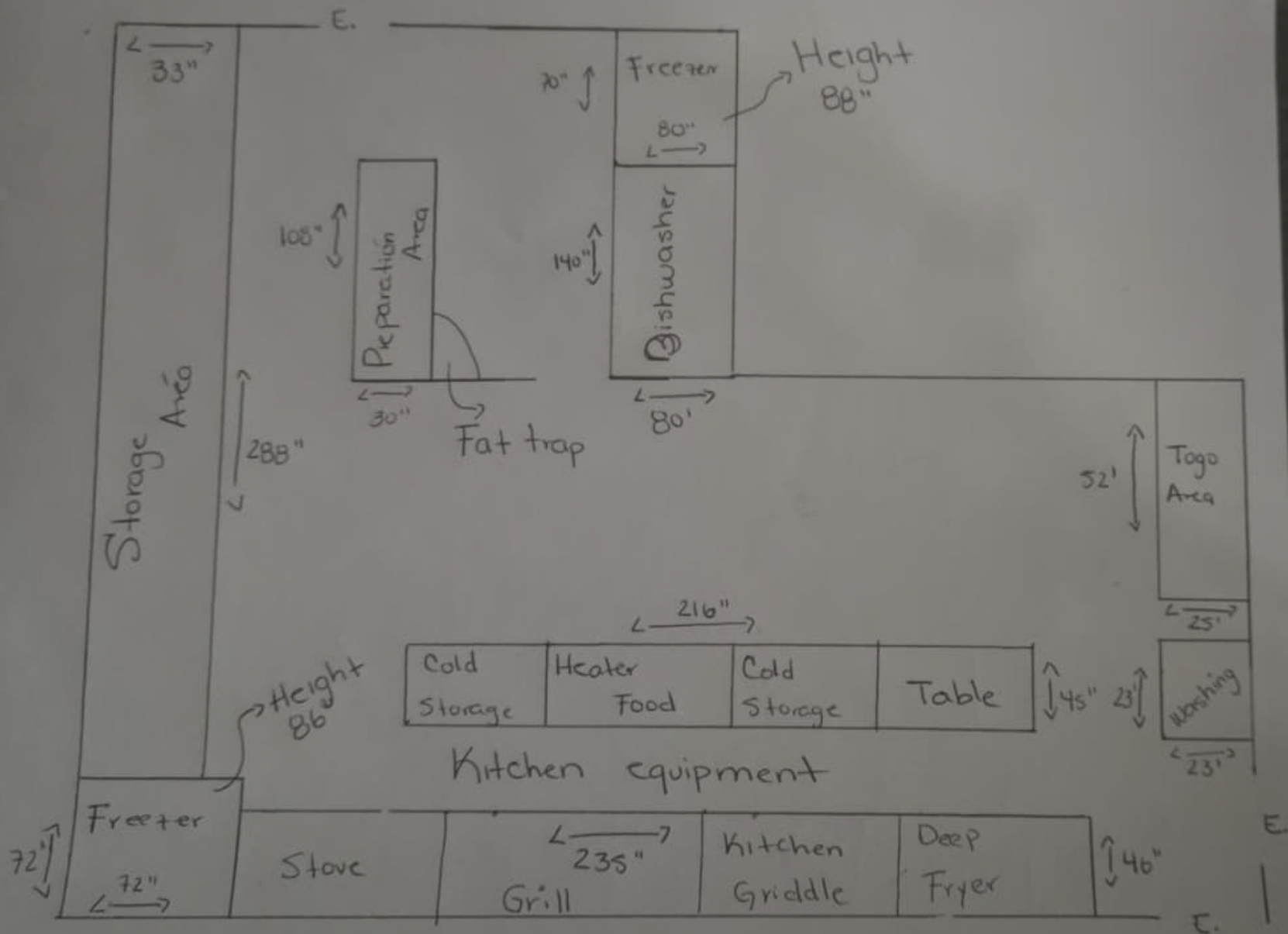
XB  
Tab

XB  
Tab

XB  
Tab

XB  
Tab

# Kitchen





PATIO

Fiesta Mexicana  
Mexican

35



# SURRENDER OF LICENSE

## Part I

Legal/Real Name of Current Licensee: Fiesta Mexicana, Inc

Premises Address: 5200 Mormon Coulee Road, La Crosse, WI 54601

Trade Name: \_\_\_\_\_

This is to advise that the undersigned is surrendering the following license(s)

Combination "Class B" Beer & Liquor

✓ Class "B" Beer

Class "A" Beer and/or "Class A" Liquor (circle which apply)

Wholesale Beer

"Class C" Wine

to: Fiesta Mexicana LLC

(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

### New Applicant

Edison Cumbe

President, Member, Partner, Individual

Edison Cumbe  
Secretary, Member, Partner

### Current Licensee

Enrique Valera

President, Member, Partner, Individual

Enrique Joel Valera  
Secretary, Member, Partner

State of Wisconsin )

) ss.

County of La Crosse )

On the 7<sup>th</sup> day of January, 2016, personally came before me  
Enrique Valera, known to me to be the person(s) who  
executed the foregoing Surrender of License, and known to me to be the **Current Licensee** and  
acknowledged that s/he executed the foregoing document.

MARELY SANCHEZ RODRIGUEZ  
Notary Public  
State of Wisconsin

Marilyn  
Notary Public

La Crosse County, Wisconsin

My Commission expires: 12/25/2026

State of Wisconsin )

) ss.

County of La Crosse )

On the 7<sup>th</sup> day of January, 2026, personally came before me  
Edison Cumbe, known to me to be the person(s) who  
executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and  
acknowledged that s/he executed the foregoing document.

MARELY SANCHEZ RODRIGUEZ  
Notary Public  
State of Wisconsin

Marilyn  
Notary Public

La Crosse County, Wisconsin

My Commission expires: 12/25/2026



**SURRENDER OF LICENSE**  
**Part II**

1-7-28

Date

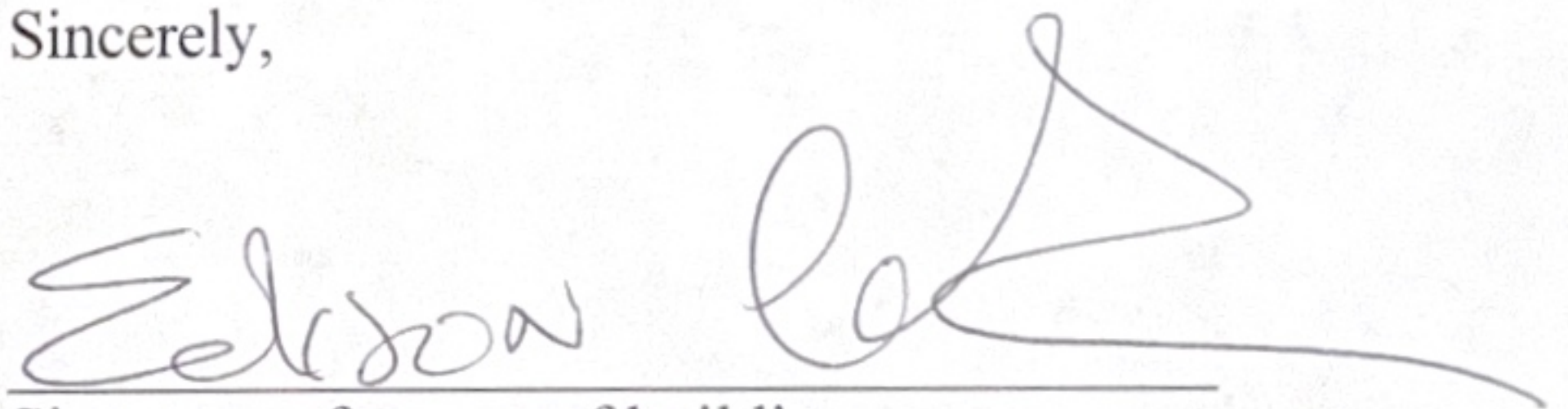
City Clerk  
400 La Crosse St.  
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at  
5200 Mormon Coulee Road, La Crosse, WI 54601, La Crosse, Wisconsin.

I have entered into a lease for the above property effective 2/1/2026 with  
Fiesta Mexicana LLC. (Strike sentence if not applicable.)

Further, this letter is to document that said owner or tenant has control of the premises,  
and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,



Signature of owner of building

Printed name of owner: Luisa LLC

Home address of owner: 1743 Karis Way, Eagan, MN 55122

Daytime phone number of owner: 612-205-3282



Save

Print

Clear

Form  
AB-200Alcohol Beverage License  
Application

## For Municipal Use Only

Municipality

License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

## Fees

License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	\$

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Fiesta Mexicana LLC

2. Business Trade Name or DBA

Fiesta Mexicana La Crosse

3. FEIN

412861396

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

MN

7. Date of Organization

12/01/2025

8. Wisconsin DFI Registration Number

600-1032214058-03

9. Premises Address

5200 Mormon Coulee Rd

10. City

La Crosse

11. State

WI

12. Zip Code

54601

13. County

La Crosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: La Crosse

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

The premises is an existing full-service restaurant that consists of a dining room with table seating, a bar area, kitchen, food preparation area, dry storage, walk-in cooler, restrooms, and office/storage space. Alcohol beverages are sold and consumed on-premises in the dining room and bar area and stored in designated bar storage areas, coolers, and the walk-in cooler. No living quarters are located on the premises. All alcohol beverage activities and records are maintained solely at this location.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Cumbe	Edison		
Vasquez	Diego		
Chavarria	Yuvy		

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Cumbe	First Name Edison	M.I.
Title	Email	Phone
Signature <i>Edison Cumbe</i>		Date 01/07/26

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Form  
AB-100Alcohol Beverage  
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Fiesta Mexicana LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Vasquez Jimenez

2. First Name

Diego

3. M.I.

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

5401 Garner Pl

8. City

La Crosse

9. State

WI

10. Zip Code

54601

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

MN

**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

12/2025

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

946 Lowry Ave NE

City

Minneapolis

State

MN

Zip Code

55418

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

La Crosse

MN

Hennepin

State

County

State

County

State

County

State

County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

*Diego Vasquez*

Date

01/07/2026



Form  
AB-100Alcohol Beverage  
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Fiesta Mexicana LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Edison

2. First Name

Cumbe

3. M.I.

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

1743 Karis Way

8. City

Eagan

9. State

MN

10. Zip Code

55122

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

MN

**Part C: Address History**1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

1743 Karis Way

City

Eagan

State

MN

Zip Code

55122

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

MN

Hennepin

State

County

State

County

State

County

State

County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Traffic - DWI-Operate Motor Vehicle	Location Hastings, MN	Conviction Date 02/10/2011
---	--------------------------	-------------------------------

Penalty Imposed DL suspended for 1 year	Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Edison Cumbe</i>	Date 01/06/2025
----------------------------------	--------------------



Form  
AB-100Alcohol Beverage  
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Fiesta Mexicana LLC

2. Business Trade Name or DBA

Fiesta Mexicana La Crosse

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Tentzohua

2. First Name

Maricel

3. M.I.

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

5401 Garnerd Place

8. City

La Crosse

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

PR

**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

01/2020

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Eagan

State

MN

Zip Code

55122

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

MN

Houston

State

County

State

County

State

County

State

County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature Maricel Tentzohua	Date 01/07/2025
--------------------------------	--------------------



Form  
AB-100Alcohol Beverage  
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Fiesta Mexicana LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Chavarria Orozco

2. First Name

Yuvy

3. M.I.

L

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

7101 14th Ave S

8. City

Richfield

9. State

MN

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

MN

**Part C: Address History**1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

*Vivvy Chavarria*

Date

01/07/2026



Save

Print

Clear

Form  
AB-101Alcohol Beverage  
Appointment of Agent

Date

## Agent Type (check one)

- ☒ Original (no fee)      ☐ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Fiesta Mexicana LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☒ Limited Liability Company      ☐ Corporation      ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License      ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Tentzohua

2. First Name

Marciel

3. M.I.

4. Email

5. Phone

6. Home Address

5401 Garnerd Place

7. City

La Crosse

8. State

WI

9. Zip Code

10. Date of Birth

11. Drivers License/State ID Number

n/a

12. Drivers License/State ID State of Issuance

NA

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Cumbe		First Name Edison	M.I.
Title	Email [REDACTED]	Phone [REDACTED]	
Signature <i>Edison Cumbe</i>		Date 01/07/26	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Tentzohua		First Name Marciel	M.I.
Signature <i>Marciel Tentzohua</i>		Date 01/07/26	



**City of La Crosse, Wisconsin**  
**BEVERAGE OPERATORS LICENSE**

Class  
**2-Year**

Name  
**MARCIEL TENTZOHUA**

Number  
**004551-2025**

Issued  
**7/14/2025**

Expires  
**6/30/2027**

**Nikki Elsen, City Clerk**

**Renew on or before**  
**6/1/2027**

# Office of City Clerk



January 20, 2026

ATTN: EDISON CUMBE  
FIESTA MEXICANA LLC DBA FIESTA MEXICANA  
5200 MORMON COULEE RD  
LA CROSSE WI 54601

Dear Edison,

Our office is in receipt of the application for the Original Combination "Class B" Beer & Liquor AND Class B Beer Garden for FIESTA MEXICANA LLC at 5200 Mormon Coulee Rd.

The application will be considered at the following meetings:

**Judiciary & Administration Committee**

**Tuesday, February 3, 2026, 6:00 p.m.**  
**Council Chambers, City Hall – 400 La Crosse St.**

**Common Council**

**Thursday, February 12, 2026, 6:00 p.m.**  
**Council Chambers, City Hall – 400 La Crosse St.**

It is recommended that someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for February (File # 26-0038).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig, Deputy Clerk  
[craigs@cityoflacrosse.org](mailto:craigs@cityoflacrosse.org)  
608-789-7549

cc: Edison Cumbe – FIESTAMEXICANA.WI@GMAIL.COM