

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 1st 20 15 ;
 ending June 30th 20 16 .

TO THE GOVERNING BODY of the: LA CROSSE
 Town of }
 Village of }
 City of }

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>47-4248867</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100⁰⁰</u>
Class C wine	\$
Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500⁰⁰</u>
Reserve Class B liquor	\$
<input checked="" type="checkbox"/> Publication fee	\$ <u>20⁰⁰</u>
TOTAL FEE	\$ <u>620⁰⁰</u>

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): L&M TAP LLC

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.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Patrick Joseph Keating</u>	<u>2522 2nd Ave W</u>	<u>LA CROSSE WI 54603</u>
Vice President/Member	<u>Tammy Mae Keating</u>	<u>2522 2nd Ave W</u>	<u>La Crosse WI 54603</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>TAMMY MAE KEATING</u>	<u>2522 2nd Ave W</u>	<u>LA CROSSE WI 54603</u>
Directors/Managers	<u>N/A</u>		

3. Trade Name L&M TAP Business Phone Number 608-781-7285
 4. Address of Premises 631 CORELAND AVE Post Office & Zip Code LA CROSSE WI 54603

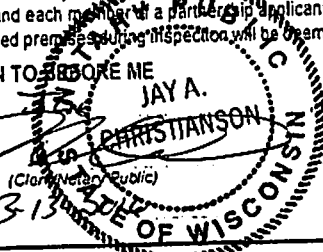
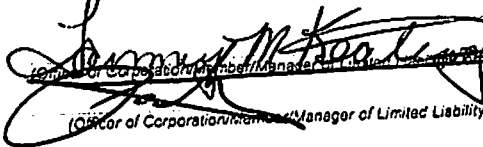
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any 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 6/11/2015 of registration. Yes No
 (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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales & Service: Entire first floor of two-story frame building.

10. Legal description (omit if street address is given above): Storage: Basement and first floor. Yes No
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? Danby, Paul Allen DBA L&M TAVERN
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 applicant 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 16th day of August 20 15

 JAY A. CHRISTIANSON
 (Notary Public)
 My commission expires 3/15/16

 (Signature of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 (Officer of Corporation/Manager of Limited Liability Company/Partner)
 My commission expires _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>6/16/15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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.

- Town
- Village
- City

To the governing body of LA CROSSE County of LACROSSE

The undersigned duly authorized officer(s)/members/managers of L&M TAP LLC dba L&M TAP
(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 L & M TAP
(trade name)

located at 631 COPELAND AVE

appoints TAMMY MAE KEATING
(name of appointed agent)
2522 2nd Ave W, LA CROSSE 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 complete

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 52 yrs

Place of residence last year 2522 2nd Ave W, LA CROSSE WI 54603

For: L & M TAP LLC
(name of corporation/organization/limited liability company)

By: Tammy M. Keating
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, TAMMY MAE KEATING, 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] 6/16/15 Agent's age _____
(signature of agent) (date)

2522 2nd Ave W, LA CROSSE WI 54603 Date of birth _____
(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 6/17/15 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)