New: (Must submit plans & specs)	License i co.
Renewal:	Invoice #:
	EILE HOME PARK LICENSE each 50 spaces)
To the Common Council of the City of La Crosse:	RECEIVED
1. APPLICANT: Tay Horschler	MAR 2 4 2025 City Clest's
Address: 1131 Main Street	et Onalaska, WI 54650
2. MOBILE HOME PARK: Rivercrest Vil	
Address:1131 Main Street	et Onalaska, WI 54650
3. Number of lots in the Mobile Home Park:	(MUST FILL IN #)
<ol> <li>OWNER OF LAND: (*If the owner of the land if the verified statement from the owner of the land)</li> </ol>	s not the same as the operator of the Mobile Home Park nd is required.)
Name: Jay Hoeschler	
Address:	et Gnalaska WI 54680
The above hereby makes application for a Mobile Home Chapter 107 of the Code of Ordinances of the City of La	Park License within the City of La Crosse pursuant to Crosse.
Signature of Applicant:	Date:
License Period: $\frac{7/1/2025}{100} + \frac{6/30/2026}{100}$	2
*OWNER VERIFICATION	
The owner of the land for the Mobile Home Park know	nas Kivercrest Village
verifies that the applicant for the Mobile Home Park Lie	T 1/ 1/ 5
is authorized to construct or maintain the aforesaid Mo	bile Home Park and make the application for such
license.	
Signature of Land Owner:	Date: 3/18/25
Subscribed and sworn to before me this, 20, 20, 20, 20	
Clanet M. Bush	JANET M BUSH Notary Public
Notary Public County, Wisco	onsin State of Wisconsin
My Commission expires: 7/6/26	
OFFICE USE ONLY: Customer #: Granted:	License #:
011102 002 011211 011011111111111111111	

## PERSONAL DATA SHEET (PLEASE PRINT ALL INFORMATION)

Each Officer 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".

Name of Manager/Person in	Charge: Hoesch	ler William, James
Home Address: N 12296	N. Timber Rioge (STREET/ADD	RESS, CITY, STATE & ZIP)
Date of Birth:	Home Phone:	Daytime Phone: 608-790-5950
Violations:		
Name of Officer:	Hoeschler, Ja	y Frank
Home Address: N 12296	N. Timber Ridge (STREET ADD	& FULL MIDDLE NAME)  2 Hay ward WI 54843  RESS, CITY, STATE & ZIPS
Date of Birth:	Home Phone:	Daytime Phone: <u>608-792-2</u> 0/2
Violations:		
Name of Officer:	AACT EIDET	& FULL MIDDLE NAME)
Home Address:		
Home Address:	(STREET ADD	RESS, CITY, STATE & ZIP)
Date of Birth:		Daytime Phone:
Name of Officer:	(LAST EIRST	& FULL MIDDLE NAME)
Home Address:		G F OLE MIDDLE 14-MIL)
See Section Control Co	(STREET ADDRESS, CITY, STATE & ZIP)	
Date of Birth:		Daytime Phone:
Name of Officer:	(LAST, FIRST)	& FULL MIDDLE NAME)
Home Address:		
		Daytime Phone:
Date of Birth:		Daytime Phone.