

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

Application Type (check one)

Initial (New) **Renewal**

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

<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>That Foreign Place LLC</i>		
2. Business Trade Name or DBA <i>Christus Taverna</i>		
3. FEIN <i>47-527-9366</i>	4. Wisconsin Seller's Permit Number <i>456-102 8895844-02</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization <i>WI</i>	8. Date of Organization <i>11-2015</i>	9. Wisconsin DFI Registration Number
10. Premises Address <i>117 6th St. N</i> New Location per Transfer Form Premise to Premise		
11. City <i>La Crosse</i>	12. State <i>WI</i>	13. Zip Code <i>54601</i>
14. County <i>La Crosse</i>	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	16. Aldermanic District
17. Premises Phone	18. Premises Email <i>[REDACTED]</i>	19. Website <i>NA</i>
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> premise description for new location <div style="font-size: x-small; margin-top: 5px;"> Sales/service: Entire main floor bar, restaurant, and retail area (excluding NW corner of building which is rental space – 1,000 sq ft) Storage: Behind bar and office/storage NE corner in back of building (1000 sq ft) </div>		
21. Mailing Address (if different from premises address) Storage of records: Office/storage NE corner in back of building (1000 sq ft)		
22. City	23. State	24. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 WOLFF	First Name Robbi	M.I. R
---------------------------	----------------------------	------------------

Title owner	Email [REDACTED]	Phone [REDACTED]
-----------------------	----------------------------	----------------------------

Signature [Signature]	Date 4-7-2026
---------------------------------	-------------------------

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)
---------------------------------	---

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <i>That Foreign Place LLC</i>			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information			
1. Last Name <i>WOLFF</i>		2. First Name <i>Robbi</i>	
		3. M.I. <i>R</i>	
4. Relationship to Business (Title) <i>Owner</i> Member and Agent		5. Email [REDACTED]	6. Phone
7. Home Address <i>2133 Johnson St</i>			
8. City <i>La Crosse</i>		9. State <i>WI</i>	10. Zip Code <i>54601</i>
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <i>5-2000</i>
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
<i>IL</i>	<i>COOK</i>		
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

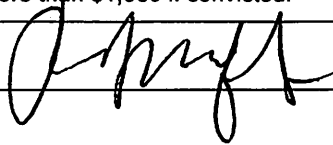
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

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



Date

4-7-2026

Alcohol Beverage License and Permit Transfer Application

Date

Use this form to transfer a municipally-issued alcohol beverage retail license to a different person. Also use this form to transfer a retail license or a state-issued alcohol beverage permit to another physical location. Submit this form only to the issuing authority.

Transfer Type (check one) <input type="checkbox"/> Person-to-Person (no fee) <input checked="" type="checkbox"/> Place-to-Place (\$10 fee)	
Type of Authorization to transfer (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Issued-Permit	
Name of License/Permit (e.g. "Class A" Liquor or Brewery)	Current License/Permit Number

Fees	
Transfer Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Current Business Information			
1. Legal Business Name (individual name if sole proprietor) <i>That Foreign Place</i>			
2. Business Trade Name or DBA <i>Chr's Taverna</i>			
3. FEIN <i>47-527-9366</i>		4. Wisconsin Seller's Permit Number <i>456-1028895844-02</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. Premises Address <i>117 10th St. N 107 3rd St</i>			
7. City <i>La Crosse</i>		8. State <i>WI</i>	9. Zip Code <i>54601</i>
10. County <i>La Crosse</i>		11. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	
12. Premises Phone		13. Premise Email	
14. Contact Person Name <i>Greg Saviaras</i>		15. Website	
16. Contact Person Phone		17. Contact Person Email	

Complete EITHER Part B OR Part C, based on the type of transfer you selected at the top of this form.

Part B: Transfer from Person-to-Person New Business Information			
1. Reason for license transfer (check one) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Foreclosure <input type="checkbox"/> Assignment to Creditor <input type="checkbox"/> Bankruptcy			
2. Legal Business Name of New Licensee (individual name if sole proprietorship)			
3. New Licensee Phone		4. New Licensee Email	
5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Has the new licensee completed AB-200? Submit a completed Form AB-200 with this form <input type="checkbox"/> Yes <input type="checkbox"/> No			

Continued →

Part C: Transfer from Place-to-Place New Premises Information

1. New Premises Address

117 6th St. N.

2. City

La Crosse

3. State

WI

4. Zip Code

54601

5. New Premises Phone

6. Premise Email

[Redacted]

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

Approx. 4000 Sq. Ft. building with bar, restaurant & storage area.

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 or permit. 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

Wolff

First Name

Robbi

M.#

R.

Title

owner Member and Agent

Email

[Redacted]

Phone

Signature

[Handwritten Signature]

[Redacted]

Date

4-7-26

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



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): **THAT FOREIGN PLACE LLC** Trade Name: **ROBERTO RESERVE SOULAI CUISINA CHRISTOS TAVERNA**

Address: Street City State Zip Code
117 6th Street LA CROSSE WI 54601

Telephone Number: **608 317 1250** Email: [Redacted] 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: **JULY 1st 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 /Retail
 Convenience Store with gas pumps Convenience Store without gas pumps
 Other _____

Hours of Operation:

M-F 8AM - 10PM Sat 8AM - 12AM SUN 8AM - 2PM

Anticipated Number of Employees: 8-15

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license: Responsible server course/beverage operator license

Other Business to Be Conducted on Premise: FLOWER SHOP - leased space in back of building (not part of licensed premise)

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")
30 % Alcohol 60 % Food 10 % Other

If applicable, describe "Other": ACCESSORIES, GIFTS, FLOWERS, OIL,

Estimated capacity (Class B and Class C licenses only):
Indoor 70 Outdoor, if applicable 10

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.
If yes, a beer garden license or outdoor dining permit is required.
At some point there might be a small beer garden, we will apply for license then

Will there be live/entertainment (music or dancing) on premise? If yes, explain.
If yes, a cabaret license is required.
No

Do you have off-street parking? Yes No
If yes, how many parking spaces? _____
If no, how will parking be accommodated. Street parking, bike parking

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).

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.

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.

[Signature]
Signature

Mar 22/2026
Date

- FOR OFFICE USE - City Clerk's Office checklist for complete applications**
- Completed applications and fee
 - Surrender of previous license, if applicable
 - Lease, purchase agreement, or other proof of control of premise
 - Contact Information Sheet
 - Articles of Incorporation
 - WI Seller's Permit Certificate (copy)
 - FEIN (copy)
 - Floor Plan
 - Site Plan
 - Proof of course completion or valid operator license or on other license within last two years.
 - Confirm proximity to school, church or hospital
 - Confirm proximity to land zoned residential or multiple dwelling

Sales/service: Entire main floor bar, restaurant, and retail area (excluding NW corner of building which is rental space – 1,000 sq ft)

Storage: Behind bar and office/storage NE corner in back of building (1000 sq ft)

Storage of records: Office/storage NE corner in back of building (1000 sq ft)

AI Image of Proposed Layout

