ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION				Applicant's WI Seller's Permit No FEIN 456-1026953500-0126	Number: -3/e54381
Submit to municipal clerk.				LICENSE REQUESTED	
For the license period beginning Hugust 15 20 14; ending June 30 20 15			20 <i>/-/</i> ;	TYPE	FEE
	enc	ling June 30	20 15	☐ Class A beer	\$
				Class B beer	\$91.74
	FUE COVERNING BODY	☐ Town of of the:☐ Village of ☐ City of		☐ Class C wine	\$
10	HE GOVERNING BODY	of the: U Village of \	a CRUSSC	Class A liquor	\$
		iyar City of ▶		Class B liquor	s 4158.37
County of La Crasse Aldermanic Dist. No. (if required by ordinance			(if required by ordinance)	Reserve Class B liquor	\$
				Class B (wine only) winery	
1.	The named INDIVIDU	AL PARTNERSHIP	LIMITED LIABILITY COMPANY	Publication fee	\$ 20.00
	☐ CORPOR	ATION/NONPROFIT ORGANIZATION	ON	TOTAL FEE	S570.11
	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):				
	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 of liability company. List the n	fficer, director and agent of a corp name, title, and place of residence of	poration or nonprofit organization, f each person.	and by each member/manager ar	nd agent of a limited
	President/Member	an Jadali 1 Rivo	Name Ho 20lace Dr Ap+ 315	La Causse Wit 5460	(
	Vice President/Member		·		
	Secretary/Member				
	Treasurer/Member		·		
	Agent Bijan Jaa	LI: I RIVERPLAC	CE DZ APT 315	LACRUSSI WE SU	601
	Directors/Managers				
3.	Trade Name	GOLDEN TAP	Business	s Phone Number <u>608-36</u>	1-8001
4.	Address of Premises > _5	20 STATE ST	Post Offi	ice & Zip Code > LA CROSS	<u>E WI 54601</u>
5.	Is individual, partners or ager training course for this license	nt of corporation/limited liability compeption	pany subject to completion of the res	ponsible beverage server	.⊠Yes □ No
6.		The state of the s	yone except the named applicant? .		•
7.			mittee have any interest in or contro		
8.			ert state and d		
	(b) Is applicant corporation/li	imited liability company a subsidiary	of any other corporation or limited liagent or limited liagent or limited liability company, or a	ability company?	.□ Yes 🔀 No
	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 ev	rery YES answer in sections 5, 6, 7 a	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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)				
40	may be sold and stored only	on the premises described.) <u>Sales</u>	/Sewire: Entire M	AZN Floor	1 -
10.	Legal description (cmit it stre	at address is given above): 27000	AGE: BASEMENT and M	whin floor, walkin coo	
	(b) If yes, under what name	ed for the sale of liquor or beer durinwas license issued?	Idins LLC albla The	Brass Tep (greated be	. ≥ Yes □ No + M+ iscal
	before beginning business?	•			.⊠ Yes □ No
13.			be applied for and issued in the sam	ne name as that shown in	
	Section 2, above? [phone (60	•			.⊠Yes □ No
			peverages only from Wisconsin whole		
REAL	D CAREFULLY BEFORE SIGNING of the signers. Signers agree to	IG: Under penalty provide 10 13 13 13 13 13 13 13 13 13 13 13 13 13	Applicant states that each of the above of the above of the difference of the common of the above of the common of	questions has been truthfully answered conferred by the license(s), if granted,	to the best of the knowl- will not be assigned to
acces	ior. (moivious) applicants and eac ss to any portion of a licensed nre	ar mamuer or a pargreysting applicant mi mises during inspection will be deemed	បនស្មេចក្រុម corporate officer(s), members/n a refusal to sermit inspection, Such refu	nanagers of Limited Liability Companies sal is a misdemeanor and grounds for re	s must sign.) Any lack of
	SCRIBED AND SWORN TO E			our loa i lillocci i cultor and grounds for te	. rocation of this license.
	down of	CHRISTIAN	SOA! Z Tankall	5	
this .		C. C	(Officer of Coldoration	/Member/Manager of Limited Liability Con	npany/Partner/Individual)
				•	
سري.		(Notary Public)	(Officer of Corpo	ration/Member/Manager of Limited Liability	y Company/Partner)
Myc	ommission expires	Motary Public) The OF W	(Additional Part	ner(s)/Member/Manager of Limited Liabilit	v Company if Anyl
TOP	SE COMPLETED BY CLERK		(needlonal Fate	t-principal monager of Elimited Elabert	, company is entry
Date	received and filed	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
with r	nunicipal clerk /-/-//	<u> </u>		₩ STEETH MAN	
Date	license granted	Date license issued	License number issued		
AT-10	8 (R. 6-14)		<u> </u>	Wiscons	in Department of Revenue

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.
To the governing body of: Village of La Crosse County of La Crosse
☑ City
The undersigned duly authorized officer(s)/members/managers of Apart Heldings LLC (registered name of corporation/ofganization or limited liability company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
The Codden Tap (trade name)
located at Sac SIME ST, LA CROSSE WE STOOT
appoints Bijan Jadeli.
appoints Bijan Jadali. (name of appointed agent) / Riverplace Dr. Hot 315 La Crosse WZ 54601 (name addless 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
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 4 Crosse
For: Atterna Holding Mola The Links Tolk
By:
(signature of Officer/Member/Manager)
And: (signature of Officer/Member/Manager)
ACCEPTANCE BY AGENT
1, Sign Schali (print/type agent's name) , hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcoholobeverages conducted on the premises for the corporation/organization/limited liability company.
signature of agenty (Lotte)
/ 12: werp lace Dr., Apt315 La Crosse WI 54601 Date of birth_
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 have no objection to the agent appointed.
Approved on 7/3/14 by M Munical . Title Police Chief (signature of proper local official) Title Clove Chief