License Check-Off Sheet

COPY

Original / Renewal

Name: BURGER FUSION COMPANY LLC

Trade Name: BURGER FUSION COMPANY

Address: 3800 STATE RD 16, SUITE FC-05

Council Meeting: 4-10-14

Type(s) of License: CLASS "B" BEER

Fire: HOLD / OK Pending Inspection

Health: HOLD / OK Inspection 4/28

Inspection: HOLD / OK Pending Inspection

Water: HOLD / OK

Municipal Court: HOLD / OK

Police: HOLD / OK

Attorney: HOLD / OK

HOLD / OK Beer and/or Liquor Bills:

HOLD / OK Taxes - Personal Property ONLY and/or Room Tax

HOLD / OK Training Course Completed (Individual/Partnership/Agent)
Date: MATT Bostick - current Bartenders license

HOLD / OK WI Seller's Permit Number: 456-1028187600-02
Mailed from City Clerk's Office on: _____

Comments:

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning APRIL 11 20 14 :
ending JUNE 30 20 15

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

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

Applicant's Wisconsin Seller's Permit Number:
Federal Employer Identification Number (FEIN):

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 33.36
☐ Class C wine	$
☐ Class A liquor	$
☐ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 20.00
TOTAL FEE	$ 53.36

COPY

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): ▶ BURGER FUSION COMPANY 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	OWNER	MATT A. BOSHCKA	415 KING ST. #509	LA CROSSE, WI 54601
Vice President/Member				
Secretary/Member	OWNER	TIMOTHY Jerald LARSEN	3304 GREENSPIRE LANE	LA CROSSE, WI 54601
Treasurer/Member	OWNER	MATT Steven BIRNBAUM	1519 MARKET STREET	LA CROSSE, WI 54601
Agent ▶	OWNER	MATT A. BOSHCKA	415 KING ST. #509	LA CROSSE, WI 54601

Directors/Managers _____

3. Trade Name ▶ BURGER FUSION COMPANY Business Phone Number _____
4. Address of Premises ▶ VALLEY VIEW MALL, 3800 STATE RD 16 FC-005 Post Office & Zip Code ▶ LA CROSSE, WI 54601
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 7/13 of registration.
   (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

   CITY OF LA CROSSE, WI
   General Billing 200043 - 2014
   000508-0020 Tara F. 03/03/2014 04:43PM
   164097 - BURGER FUSION COMPANY LLC
   Payment Amount 53.36

   (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.) SOLD AT COUNTER, STORED IN REFRIGERATED UNIT AT COUNTER AND WALK-IN COOLER, DRY STORAGE
10. Legal description (omit if street address is given above): _____
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? _____
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 28th day of February 2014

(Clerk/Notary Public)

My commission expires 3-13-2016

JAY A. CHRISTIANSEN NOTARY PUBLIC STATE OF WISCONSIN

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 2/25/14	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

COPY

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: ☐ Town ☐ Village ☒ City of Lacrosse County of Lacrosse

The undersigned duly authorized officer(s)/members/managers of Burger Fusion Company LLC
(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 Burger Fusion Company
(trade name)

located at 3800 State Rd 16 FC-005

appoints Matthew Alan Boshcka
(name of appointed agent)

415 King St Apt 509 Lacrosse WI 54601
(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).
Lacrosse's Finest LLC - Lacrosse

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? 10 years

Place of residence last year Lacrosse

For: Burger Fusion Company LLC
(name of corporation/organization/limited liability company)

By: [signature]
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Matthew A Boshcka, 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] 2/28/14 Agent's age 32
(signature of agent) (date)

415 King St Apt 509 Date of birth [redacted]
(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 3/11/14 by [signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

[redacted]

License Check-Off Sheet

Original / Renewal

Name: LA CROSSE BASEBALL LLC

Trade Name: LA CROSSE LOGGERS

Address: 800 COPELAND PARK DR

Council Meeting: 4-10-121

Type(s) of License: ClassBBeer, ~~Outdoor Cabaret~~

Fire: HOLD / OK

Health: HOLD / OK

Inspection: HOLD / OK

Water: HOLD / OK

Municipal Court: HOLD / OK

Police: HOLD / OK

Attorney: HOLD / OK

HOLD / OK Beer and/or Liquor Bills:

HOLD / OK Taxes - Personal Property ONLY and/or Room Tax

HOLD / OK Training Course Completed (Individual/Partnership/Agent)
Date: _____

HOLD / OK WI Seller's Permit Number: 456-0000287894-02
Mailed from City Clerk's Office on: _____

Comments:

_____

_____

_____

_____

_____

[redacted]

ORIGINAL ALCOHOL BEVERAGE RETAIL APPLICATION

For the license period: May 1, 2014 to October 30, 2014
Applicant Wisconsin Seller's Permit Number: 456-0000287894-02
Federal Employee Identification Number: 75-3085074

License Type	Fee
[ ] Class A Beer	$
[X] Class B Beer	$ 50.00
[ ] Class C Wine	$
[ ] Class A liquor	$
[ ] Class B liquor	$
Publication Fee	$ 20.00
Total Fee	$ 70.00

1. The Named [ ] Individual [ ] PARTNERSHIP [X] LIMITED LIABILITY COMPANY
[ ] CORPORATION/NONPROFIT ORGANIZATION

2. Name (individual/partners give last name, first, middle; Corporations/Limited Liability Companies give registered name):►
LA CROSSE BASEBALL 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:	DANIEL EDWARD KAPANKE	1610 LAKESHORE DR	LA CROSSE WI, 54603
Vice President/Member:	ALICE RUTH KAPANKE	1610 LAKESHORE DR	LA CROSSE WI, 54603
Secretary/Member:			
Treasurer/Member:			
Agent: ►	DANIEL EDWARD KAPANKE	1610 LAKESHORE DR	LA CROSSE WI, 54603
Directors/Managers:	NONE		

COPY

3. Trade Name: ► LA CROSSE LOGGERS Business Phone Number: (608) 796-9553
4. Address of Premises: ► 800 COPELAND PARK DR 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? [X] YES [ ] NO
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? [ ] YES [X] NO
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] YES [X] NO
8. (a) **Corporate/Limited Liability Company applicants only:** Insert state WISCONSIN and date 11/1/2002 of registration
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] YES [X] 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 [X] NO

*(**NOTE:** All applicants explain fully on reverse side of this form for every YES answer in sections 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.) **Description of Sales/Service Area:** South end of Copeland Park inside fenced area of baseball complex. **Description of Storage Area:** Within refrigerated trailers and refrigerators in both concession areas. All of this storage is within fenced area. **Description of Beer Garden (If Applicable):**
10. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] YES [ ] NO
    (b) If yes, under what name was license issued? LaCrosse Baseball LLC
11. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] [X] YES [ ] NO
12. 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] [X] YES [ ] NO
13. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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 licensee(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 premise 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 7th day of March, 2014

JAY A. CHRISTIANSON
NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)
My commission expires: 3-13-2016

Daniel E Kapanke
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Alice Ruth Kapanke
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Members/Manager of Limited Liability Company if Any)

Date received and filed With municipal clerk 3-7-14	Date reported to council/board	License number issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued		

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LLC

All corporations/orgainzations 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 offical.

The undersigned duly authorized officer(s)/members/managers of **LA CROSSE BASEBALL, LLC**
(registered name of corporation/organization or LLC)

a corporation/organization or limited liability company making application for an alcohol beverage license for a permises known as

LA CROSSE LOGGERS
(trade name)

located at **1225 CALEDONIA ST, LA CROSSE WI 54603**

appoints

DANIEL	EDWARD	KAPANKE
(first name	full middle name	last name of appointed agent)

1610 LAKESHORE DR	LA CROSSE	WI	54603-
(home address of appointed agent: street address	city	state	zip code)

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 the 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 corporation name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage service 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 **1610 LAKESHORE DR, LA CROSSE WI 54603**

For: **LA CROSSE BASEBALL, LLC**
(name of corporation/organization/limited liability company)

By: Daniel E Kapanke Date: 3/7/14
(signature of President/Member)

And: Annie Ruth Kapanke Date: 3/7/14
(signature of Secretary/Member)

ACCEPTANCE BY AGENT

I, **DANIEL** (first name) **EDWARD** (full middle name) **KAPANKE** (last 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 alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Daniel E Kapanke 3/7/14
(signature of agent) (date)

1610 LAKESHORE DR	LA CROSSE	WI	54603
(home address)	(city)	(state)	(zip code)

Agent's age: 66
Date of birth: [redacted]
Daytime phone: 608-792-1897

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 3/11/14 (date) by [signature] (signature of proper local official) Title Police Chief (town chair, village president, police chief)

CITY OF LA CROSSE, WISCONSIN

[redacted]

License Check-Off Sheet

COPY

Original / Renewal

Name: CASS BAR ENTERPRISE LLC

Trade Name: CASS BAR

Address: 620 CASS ST

Council Meeting: 4-10-2014

Type(s) of License: Combination "Class B" Beer & Liquor

Fire: HOLD / OK

Health: HOLD / OK waiting for preinspection

Inspection: HOLD / OK

Water: HOLD / OK

Municipal Court: HOLD / OK

Police: HOLD / OK

Attorney: HOLD / OK

HOLD / OK Beer and/or Liquor Bills:

HOLD / OK Taxes - Personal Property ONLY and/or Room Tax

HOLD / OK Training Course Completed (Individual/Partnership/Agent)
Date: _____

HOLD / OK WI Seller's Permit Number: _____
Mailed from City Clerk's Office on: _____

Comments:

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 11th 20 14 :
ending June 30th 20 14

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of

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

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): 46-4801506	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$25.02
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$125.01
☐ Reserve Class B liquor	$
Publication fee	$ 20.00
TOTAL FEE	$170.03

CUSTOMER #164215

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): ▶ Cass Bar Enterprise, 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	Owner	Gerald Bilhovde	14436 Granada Rd	Tomah, WI 54660
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶				
Directors/Managers				

3. Trade Name ▶ Cass Bar Business Phone Number 608-782-6570
4. Address of Premises ▶ 620 Cass St. La Crosse Post Office & Zip Code ▶ 54601
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 _____ and date _____ of registration.
   (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.) bar and grill area and back storage
10. Legal description (omit if street address is given above): Sales/Service: North 55 feet of one story building. Storage Lower and Smoker East side of building.
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? Walleser Estates, LLC
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 26th day of March, 20 14

JAY A. CHRISTIANSON — STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 3-13-2016

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

CITY OF LA CROSSE, WI
General Billing - 000044 - 2014
Payment Amount 03/26/2014
000600-0035-0000 04:33PM
164215 CASS BAR ENTERPRISE LLC
170.03

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/26/14	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

COPY

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: ☐ Town ☐ Village ☒ City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Cass Bar Enterprise LLC
(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

CASS BAR
(trade name)

located at 620 CASS ST

appoints Gerald Eugene Blihoude
(name of appointed agent)

14436 Granola Rd Tomah WI 54660
(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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 50 yr.

Place of residence last year 14436 Granola Rd, Tomah WI 54660

For: CASS BAR Enterprise LLC
(name of corporation/organization/limited liability company)

By: Gerald Blihoude
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Gerald Eugene Blihoude (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 alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Gerald Blihoude (signature of agent) 3/26/14 (date) Agent's age 50

14436 Granola Rd, Tomah WI 54660 (home address of agent) Date of birth [redacted]

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 3/28/14 (date) by [signature] (signature of proper local official) Title Police Chief (town chair, village president, police chief)

[redacted]

COPY

Agent Change Check Off Sheet

Agent Name: Patrick Schippers

Trade Name: Kwik Trip #624

Address: 530 West Ave N.

Council Meeting: April 10, 2014

Municipal Court: HOLD / OK

Police: HOLD / OK

HOLD / OK Training Course Completed:

Date: Holds Current LaCrosse License Exp. 2014

Comments:

CITY OF LA CROSSE, WI
General Billing - 114170 - 2014
000568-0069 Tara F. 03/20/2014 02:21PM
3435 - KWIK TRIP INC

Payment Amount: 10.00

COPY

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: ☐ Town ☐ Village ☐ City of **City of La Crosse** County of **La Crosse**

The undersigned duly authorized officer(s)/members/managers of **Kwik Trip, Inc.**
(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

Kwik Trip 624
(trade name)

located at **530 West Ave. N., La Crosse, WI 54601**

appoints **Patrick Schippers**
(name of appointed agent)

901 Packer Dr., Holmen, WI 54636
(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).
Agent of Kwik Trip #643, Onalaska, WI until new agent appointment approved.

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? **Since 1990**

Place of residence last year **901 Packer Dr., Holmen, WI 54636**

For: **Kwik Trip, Inc.**
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, **Patrick Schippers**, 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 of agent)* 3-12-14 *(date)* Agent's age **48**

901 Packer Dr., Holmen, WI 54636 Date of birth [redacted]
(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 3/21/14 *(date)* by _____ *(signature of proper local official)* Title Police Chief *(town chair, village president, police chief)*

[redacted]

Agent Change Check Off Sheet

COPY

Agent Name: TERRY L Johnson

Trade Name: Kwik Trip #761

Address: 506 CASS ST

Council Meeting: 4-10-14

Municipal Court: HOLD / OK

Police: HOLD / OK

HOLD / OK Training Course Completed:

Date: Current Agent in WI

Comments:

COPY

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: ☐ Town ☐ Village ☐ City of City of La Crosse County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.
(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

Kwik Trip 761
(trade name)

located at 506 Cass St., La Crosse, WI 54601

appoints Terry L. Johnson
(name of appointed agent)

205 Grant St., Holmen, WI 54636
(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).

Agent for Kwik Trip 350 in Onalaska until new agent approved.

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? All my life

Place of residence last year 205 Grant St., Holmen, WI 54636

For: Kwik Trip, Inc.
(name of corporation/organization/limited liability company)

By: [signature]
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Terry L. Johnson (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 alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

X [signature] (signature of agent) 2/18/14 (date) Agent's age 56

205 Grant St., Holmen, WI 54636
(home address of agent)

Date of birth [redacted]

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 3/11/14 (date) by [signature] (signature of proper local official) Title Police Chief (town chair, village president, police chief)

AT-104 (R. 4-03)

Wisconsin Department of Revenue

[redacted]