



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(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.

Class A: Beer, Liquor

Class B: Beer, Liquor

Class C: Wine

APPLICANT

Legal/Real Name of Business:

Dutch Treats WI LLC

Trade Name:

Hollandberry Pannekoeken

Address:

Street

200 6th St S

City

State

Zip Code

LaCrosse WI 54601

Telephone Number:

608-881-6392

Website:

hollandberrypannekoeken.com

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:

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 15 days.

BUSINESS PLAN

Type of Establishment:

- Tavern Nightclub Restaurant Liquor Store Grocery Store
 Convenience Store with gas pumps Convenience Store without gas pumps
 Other _____

Hours of Operation:

6:30 am to 8 pm M-Sunday

Anticipated Number of Employees:

30

Other Business to Be Conducted on Premise:

none

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

5 % Alcohol 95 % Food _____ % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):

Indoor 140 Outdoor, if applicable _____

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.

If yes, a beer garden license or outdoor dining permit may be required.

no

Will there be live entertainment (music or dancing) on premise? If yes, explain.

If yes, a cabaret license will be required.

no

Do you have off-street parking? Yes No

If yes, how many parking spaces? 140

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, 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.

In addition to supplying the above information which 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

12-11-25
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
- FEIN
- 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



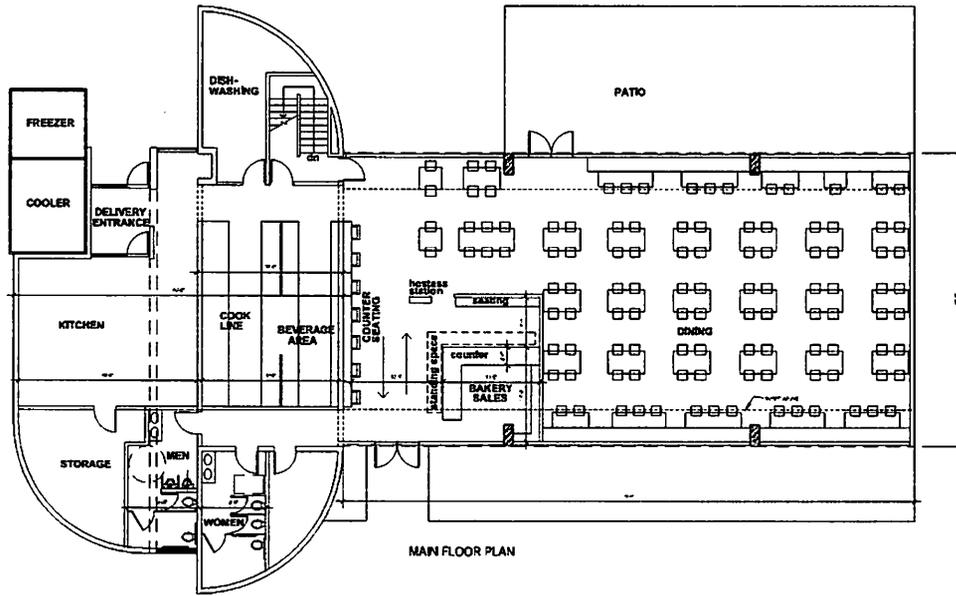
Setzer Architects
2000 W. Main St.
651-385-2218

HOLLANDBERRY RESTAURANT
200 6TH ST. S.
LACROSSE, WI 54601

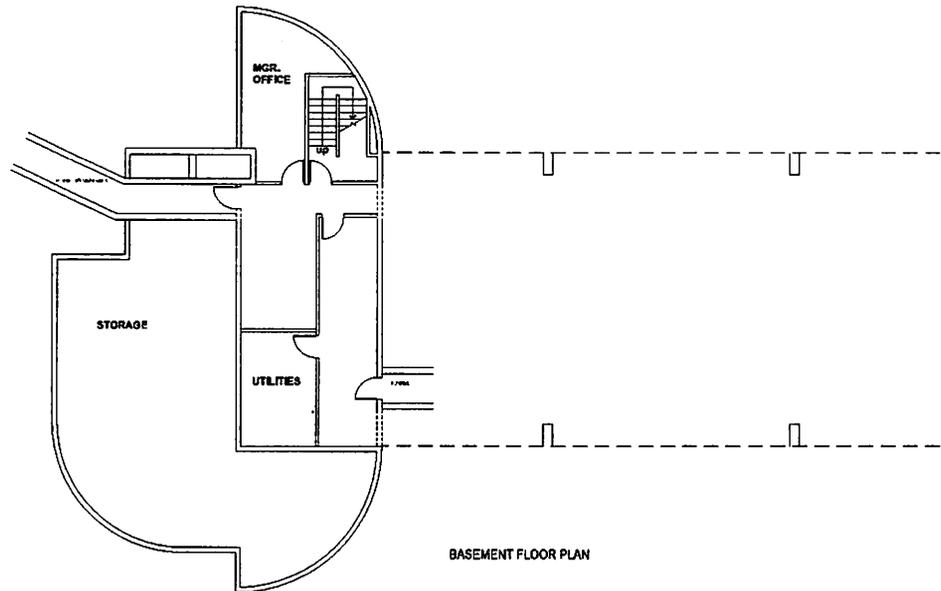
Proj.no. 2415
Date: 02/17/25

FLOOR PLANS
Scale: 1/8" = 1'-0"

A1



MAIN FLOOR PLAN



BASEMENT FLOOR PLAN

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- Class "A" Beer \$ _____
 Class "B" Beer \$ 50.04
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ 250.02
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>300.06</u>
Background Check Fee	\$
Publication Fee	\$ <u>20.00</u>
Total Fees	\$ <u>320.06</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Dutch Treats WI LLC			
2. Business Trade Name or DBA Hollandberry Pannekoeken			
3. FEIN 333751369		4. Wisconsin Seller's Permit Number 456-1032104488-04	
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. State of Organization WI		7. Date of Organization 03/04/2025	8. Wisconsin DFI Registration Number D081808
9. Premises Address 200 6th St S			
10. City LaCrosse		11. State WI	12. Zip Code 54601
13. County La Crosse		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website hollandberrypannekoeken.
19. Premises Description - 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. Alcohol will be served from the bar in the dinning room to the people at the bar or in the dinning area.			
20. Mailing Address (if different from premises address) PO Box 622			
21. City Rochester		22. State MN	23. Zip Code 55903-0622

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. Yes 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 . . Yes No beverages.

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

4. Is the applicant business owned by another business entity? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Psomas	Dimitri	Manager	[REDACTED]
Psomas	Tasos	Owner	[REDACTED]

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 <i>Psomas</i>		First Name <i>Tasos</i>		M.I. <i>J</i>
Title <i>Owner</i>	Email [REDACTED]		Phone [REDACTED]	
Signature <i>Tasos Psomas</i>			Date <i>12-11-25</i>	

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 Appointment of Agent

Date

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Dutch Treats WI LLC

2. Business Trade Name or DBA

Hollandberry Pannekoeken

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Psomas

2. First Name

Dimitri

3. M.I.

S

4. Email

5. Phone

6. Home Address

2817 Lakeshore Dr #6

7. City

LaCrosse

8. State

WI

9. Zip Code

54603

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 <i>Tasos Psomas</i>		First Name <i>Tasos</i>	M.I. <i>J</i>
Title <i>Owner</i>	Email [REDACTED]		Phone [REDACTED]
Signature <i>[Handwritten Signature]</i>		Date <i>12-11-25</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 <i>Psomas</i>		First Name <i>Dimitri</i>	M.I. <i>S</i>
Signature <i>[Handwritten Signature]</i>		Date <i>12/11/25</i>	

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions

	ID # 28094815 CARD # 28385215
ServSafe Alcohol® CERTIFICATE	
	DIMITRI PSOMAS NAME 12/11/2025 DATE OF EXAMINATION
Card expires two years from the date of examination. Local laws apply. Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66	
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Sherman Brown Senior Vice President, National Restaurant Association Solutions	
This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.	

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form. If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.

NATIONAL RESTAURANT ASSOCIATION

233 S. Wacker Drive,
Suite 3600
Chicago, IL 60604-6383
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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14102901 v.1402



Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)	Dutch Treats <i>WI LLL</i>
2. Business Trade Name or DBA	Hollandberry Pannekoeken
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	2. First Name	3. M.I.	
Psomas	Tasos	<i>J.</i>	
4. Relationship to Business (Title)	5. Email	6. Phone	
Owner	[REDACTED]	[REDACTED]	
7. Home Address			
5816 Summit LN NE			
8. City	9. State	10. Zip Code	11. Date of Birth
Rochester	MN	55906	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		MN	

Part C: Address History							
1. Do you currently live in Wisconsin?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY)
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				
5816 Summit LN NE	Rochester	MN	55906				
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	State	County	State	County
MN	Olmsted						
State	County	State	County	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 12-11-28
--	------------------

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) Dutch Treats WI LLC	
2. Business Trade Name or DBA Hollandberry Pannekoeken	
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 Psomas	2. First Name Dimitri	3. M.I. S	
4. Relationship to Business (Title) Manager	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 2817 Lakeshore Dr. #6			
8. City LaCrosse	9. State WI	10. Zip Code 54603	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance MN	

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)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2817 Lakeshore Dr #6	City LaCrosse	State WI	Zip Code 54603				
Previous Address 2 215 Elton Hills DR #49	City Rochester	State MN	Zip Code 55901				
Previous Address 3 5816 Summit LN NE	City Rochester	State MN	Zip Code 55906				
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 MN	County Olmsted	State WI	County LaCrosse	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

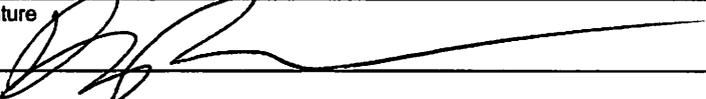
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach 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.

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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 12/11/25

Office of City Clerk



December 26, 2025

ATTN: DIMITRI PSOMAS
DUTCH TREATS WI LLC
200 6TH ST S
LA CROSSE WI 54601

Dear Dimitri,

Our office is in receipt of the application for the Original Combination "Class B" Beer & Liquor for DUTCH TREATS WI LLC at 200 6TH St. S.

The application will be considered at the following meetings:

Judiciary & Administration Committee

Tuesday, January 6, 2026, 4:00 p.m.
Council Chambers, City Hall – 400 La Crosse St.

Common Council

Thursday, January 8, 2026, 6:00 p.m.
Council Chambers, City Hall – 400 La Crosse St.

It is recommended someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for November (File # 26-0002).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig, Deputy Clerk
craigs@cityoflacrosse.org
608-789-7549

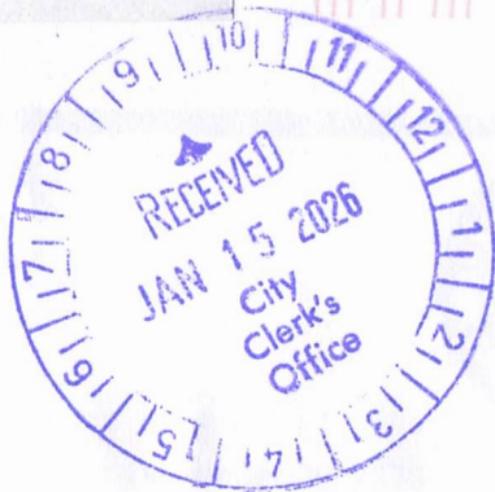
cc: Dimitri Psomas – biz.dimitri@gmail.com

ET/10

400 LA CROSSE ST
LA CROSSE WI 54601-3396

RETURN SERVICE REQUESTED

R. NMR



Presort
First Class Mail
ComBasPrice



US POSTAGE PAID PITNEY BOWES



ZIP 54601 \$ 000.67²
02 1W
0001399329DEC 29 2025

ATTN: DIMITRI PSOMAS
DUTCH TREATS WI LLC
200 6TH ST S
LA CROSSE WI 54601

NIXIE 553 FE 1 0001/08/26

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 54601339699 *2078-02930-31-35

54601339699

