

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
	47-3057935
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 75.06
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 375.03
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20.00
<b>TOTAL FEE</b>	<b>\$ 470.09</b>

For the license period beginning October 9 20 15 ;  
ending June 30 20 15

TO THE GOVERNING BODY of the:  Town of }  
 Village of } La Crosse  
 City of }

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

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): 4 Sisters Catering on 4th, Inc.

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	Corynn Leslie Wieland	N3156 Storandt Pl, La Crosse WI	54601
Vice President/Member	Traci Lynn Weber	314 9th St S, La Crosse WI	54601
Secretary/Member	Lori Agnes Helke	W5504 E Helke Rd, La Crosse WI	54601
Treasurer/Member	Lori Agnes Helke	W5504 E Helke Rd, La Crosse WI	54601
Agent	Corynn Leslie Wieland	N3156 Storandt Pl, La Crosse WI	54601
Directors/Managers	None		

3. Trade Name 4 Sisters Fourth Street Bar Business Phone Number \_\_\_\_\_

4. Address of Premises 733 4th St S 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 2/2015 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.) 4 Sisters, Inc

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.) Sales/Service: 1200 sq ft on 1st fl of west (4th St) side of premise. Storage: Basement

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 they must hold a Wisconsin Seller's Permit? [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 11th day of September, 20 15  
[Signature]  
(Clark/Notary Public)

[Signature] 9/11/15  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature] 9/11/15  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 6/23/17

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>9-11-15</u>	Date received by council/clerk <u>SEP 29 2015</u>	Date provisional license issued _____	Signature of Clerk / Deputy Clerk <u>[Signature]</u>
Date license granted <u>OCT 08 2015</u>	Date license issued _____	License number issued <u>137</u>	

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 of La Crosse County of La Crosse [x] City

The undersigned duly authorized officer(s)/members/managers of 4 Sisters Catering on 4th, 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 4 Sisters Fourth Street Bar (trade name)

located at 133 4th St S

appoints Corynn Leslie Wieland (name of appointed agent)

N3156 Storandt Pl, La Crosse, 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?

[x] Yes [ ] No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). 4 Sisters, Inc. dba 4 Sisters

Is applicant agent subject to completion of the responsible beverage server training course? [x] Yes [ ] No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 44 yrs

Place of residence last year La Crosse

For: 4 Sisters Catering on 4th, 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, Corynn Leslie Wieland (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.

[Signature] 9/11/2015 Agent's age [ ] N3156 Storandt Pl, La Crosse, WI 54601 Date of birth [ ] (signature of agent) (date) (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 [ ] by [ ] Title [ ] (date) (signature of proper local official) (town chair, village president, police chief)

Original:

License Fee: 100.00

Renewal:

Invoice #: 17663

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: 4 Sisters Catering on 4th Inc

Address of above: 133 4th St S

Trade name of business: 4 Sisters Fourth Street Bar

Address of premises to be licensed: 133 4th St S

Business phone number: \_\_\_\_\_

Detailed description of cabaret area to be licensed: 1200 sq ft on 1st floor of west (4th st) side of premise.

Premises are owned by: 4 Sisters Catering LLC

Address of owner: N3156 Storandt Pl Lacrosse WI 54601

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Corynn Leslie Wieland

Home address of Cabaret Manager: N3156 Storandt P Lacrosse WI 54601

Home phone number of Cabaret Manager: 608-788-9300

Daytime phone number of Cabaret Manager: 799-5131

Date of Birth of Cabaret Manager: \_\_\_\_\_

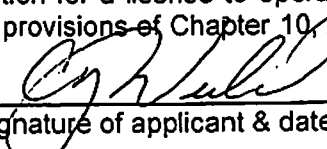
Was the above person listed as manager on last year's application? Yes \_\_\_ No \_\_\_ NA

Other business to be conducted upon the premises: bar with limited food

Nature of entertainment: live bands

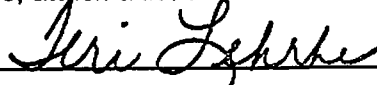
License Period: October 9, 2015 to June 30, 2015

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

 9/11/15  
(Signature of applicant & date)

OFFICE USE ONLY: \_\_\_\_\_ Munis Customer #: 176663

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y/N If yes, attach a list of those lands.

Signature and date  OCT 09 2015

Granted: OCT 08 2015 License #: 82



**TERI LEHRKE, WCPC, City Clerk**  
400 LA CROSSE STREET  
LA CROSSE, WISCONSIN 54601  
PHONE (608) 789-7510  
FAX (608) 789-7552  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

**NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE  
IN THE CITY OF LA CROSSE**

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for an **Indoor Cabaret** license under Sec. 10-140(c) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

**4 Sisters Catering on 4<sup>th</sup>, Inc. d/b/a 4 Sisters Fourth Street Bar  
at 133 4<sup>th</sup> St. S., La Crosse, WI 54601**

This application will be considered at the following meetings:

**Judiciary and Administration Committee – Tuesday, September 29<sup>th</sup>, 2015 at 7:30 p.m.  
Common Council Meeting – Thursday, October 8<sup>th</sup>, 2015 at 7:30 p.m.**

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

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This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 14<sup>th</sup> day of September, 2015.

Teri Lehrke, WCPC, City Clerk  
City of La Crosse

Jay Christianson  
License & Election Clerk III



Owner Name  
MICHAEL & KAREN KEIL DOERFLINGERS SECOND CENTURY INC  
STATE & WEST LLC, 2ND & MAIN LLC  
DALE D BERG  
PENNY L FASSLER  
WAKEEN FAMILY PARTNERSHIP LLP FRED THOMAS, DEBRA WAKEEN  
I & B OF LACROSSE LLC  
DLL PROPERTIES LLC  
PEGGY A HEINZ  
CARRIAGE HOUSE PROPERTIES LLC  
THE VASLOW JOINT REVOCABLE TRUST  
STEPHEN D HARM  
4 SISTERS CATERING LLC

Property Address  
118 5TH AVE S  
203 4TH ST S  
125 4TH ST S  
131 4TH ST S  
135 4TH ST S  
114 5TH AVE S  
418 MAIN ST  
417 JAY ST  
415 JAY ST  
421 JAY ST  
330 PEARL ST  
133 4TH ST S

Property Address City  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE  
LA CROSSE

Billing Address  
116 5TH AVE S APT A  
119 19TH ST N  
121 4TH ST S  
129 4TH ST S  
135 4TH ST S  
2000 N HILLCREST PKY  
3400 FLORAL LN  
417 JAY ST  
447 COUNTRY CLUB LN  
7831 RUSH ROSE DR 0-313  
806 STARLIGHT DR  
N3156 LOSEY CT

Billing City/State/Zip  
LA CROSSE WI 54601-4453  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601  
LA CROSSE WI 54601-3257  
ALTOONA WI 54720  
LA CROSSE WI 54601  
LA CROSSE WI 54601-4032  
ONALASKA WI 54650  
CARLSBAD CA 92009  
HOLMEN WI 54636  
LA CROSSE WI 54601