



City of La Crosse, Wisconsin

APPLICATION FOR OUTDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period 7-1-25 to 6-30-26 Fee: \$ 160.⁰⁰

BUSINESS INFORMATION*

Legal/Real Name:

Genzie's Gameday Pub LLC

Address of Above: Street

City

State

Zip Code

1101 St Andrew Street La Crosse WI 54603

PREMISES INFORMATION

Trade Name of Business:

Genzie's Gameday Pub

Address of premises to be Licensed:

1101 St Andrew Street

Business Phone Number:

608-519-2898

Premises are Owned By:

Chandra Roark and Duane Genz

Address of Owner: Street

City

State

Zip Code

1419 Island St La Crosse WI 54603

CABARET INFORMATION

Detailed description of cabaret area to be licensed:

Outdoor beer garden located due East adjacent to the bar. Grassy area is entirely fenced in by 6 foot privacy fence.

Nature of Entertainment:

Live music

Other Business Conducted upon the premises:

None

MANAGER INFORMATION*

Cabaret Manager Name: First

Middle

Last

Chandra

Rae

Roark

Cabaret Manager Home Address: Street

City

State

Zip Code

1419 Island St La Crosse WI 54603

Home Phone Number of Cabaret Manager:

Daytime Phone Number of Cabaret Manager:

608-799-6764

Was the above person listed as manager on last year's application?

☐ Yes ☐ No

*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

The above hereby makes application for a license to operate an Outdoor 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.

Signature of Applicant

Date

7-1-25**OFFICE USE ONLY**

For original application:

Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature:

Date:

Granted:

License #:

Personal Data Sheet

(Please **PRINT** All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE

Name: First	Middle	Last
Chandra	Rae	Roark
Home Address: Street	City	State Zip Code
1419 Island La Crosse WI 54603		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
608-799-6764	nickersonchandra@gmail.com	07/19/1980
Violations:	none	

OFFICER/MEMBER

Name: First	Middle	Last
Duane	Earl	Genz
Home Address: Street	City	State Zip Code
1016 Avon St La Crosse WI 54603		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
608-738-2656	dewman@yahoo.com	07/19/1962
Violations:	none	

OFFICER/MEMBER

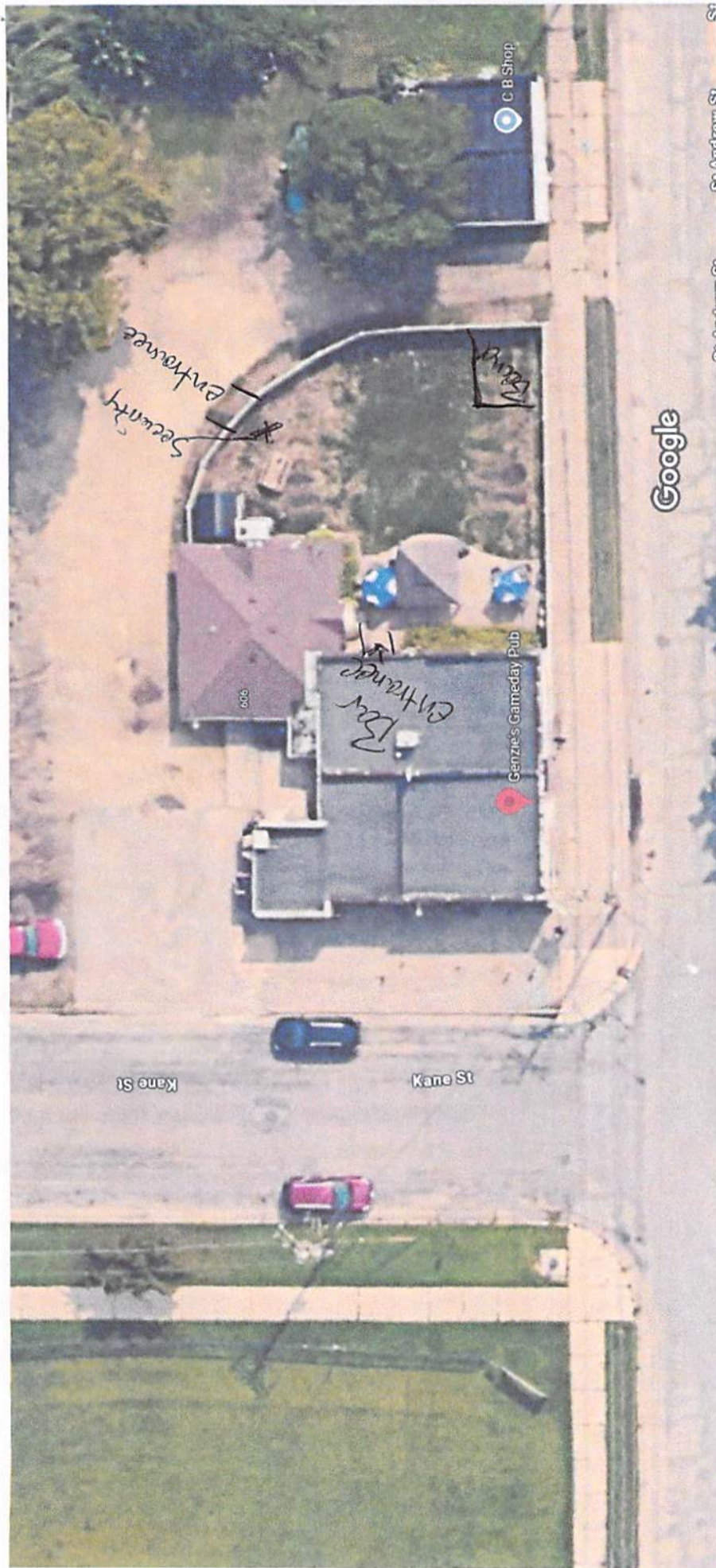
Name: First	Middle	Last
Home Address: Street	City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		

OFFICER/MEMBER

Name: First	Middle	Last
Home Address: Street	City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		

OFFICER/MEMBER

Name: First	Middle	Last
Home Address: Street	City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		



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