

License Check-Off Sheet

Original / Renewal

Name: The Charmant Hotel LLC

Trade Name: The Charmant Hotel LLC

Address: 101 State St.

Council Meeting: August 13th 2015

Type(s) of License: Combination / Indoor Cabinet / Outdoor Cabinet

Fire: HOLD / OK Pending

Health: HOLD / OK _____

Inspection: HOLD / OK Pending

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: Current Agent

HOLD / OK WI Seller's Permit Number: 456-1028553903-02

Comments:

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 8/14 20 15
 ending 6/30 20 16

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

County of La Crosse Aldermanic Dist. No. 7 (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): The Charmant Hotel, 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	<u>President/owner</u>	<u>Donald J. Weber</u>	<u>145 S. 17th Street</u>	<u>La Crosse, WI 54601</u>
Vice President/Member	<u>N/A</u>			
Secretary/Member	<u>N/A</u>			
Treasurer/Member	<u>N/A</u>			
Agent	<u>Agent</u>	<u>Elizabeth Weber</u>	<u>N2248 Pennel Pass E.</u>	<u>54601</u>
Directors/Managers	<u>N/A</u>			

3. Trade Name The Charmant Hotel, Business Phone Number 866-697-7300

4. Address of Premises 101 State Street, La Crosse WI 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 WI and date 8/13/13 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

(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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See 6th application with detailed information.

10. Legal description (omit if street address is given above): See above -> Back of

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? N/A

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 9th day of July, 20 15

Budgie Johnson
 (Clerk/Notary Public)

My commission expires 06/12/2016

Donald J. Weber
 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 <u>7/10/15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

(8c.) The agent for The Charmant Hotel (Elizabeth Weber) is also the agent for D. Weber Restaurant, LLC. DBA The Waterfront Restaurant, and also Riverside Center II LLC. DBA The Capgill Room

Building description:

67 room hotel with full service restaurant and rooftop terrace. Beer and liquor will be stored behind bar and in basement.

67 room hotel with full service restaurant and rooftop terrace. Beer and liquor will be stored behind bar and in basement.

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
 City

The undersigned duly authorized officer(s)/members/managers of The Charent Hotel, 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 The Charent Hotel
(trade name)

located at 101 State Street, La Crosse WI 54601

appoints Elizabeth Weber
(name of appointed agent)

N2248 Pammel Pass E. 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?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
D. Weber restaurant, LLC, La Crosse / Riverside Center II, 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? Est. 1981

Place of residence last year N2248 Pammel Pass E. La Crosse WI 54601

For: The Charent Hotel, 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, Elizabeth Weber, 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] 7/10/2015 Agent's age _____
(signature of agent) (date)
N2248 Pammel Pass E, LaCrosse, WI 54601 Date of birth _____
(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 7/15/15 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Original: X

License Fee: \$100.00

Renewal:

Invoice #: 128641
check 5103

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: The Charmant Hotel

Address of above: 101 State Street La Crosse, WI 54601

Trade name of business: The Charmant Hotel

Address of premises to be licensed: 101 State Street La Crosse, WI 54601

Business phone number: 608-519-8815

Detailed description of cabaret area to be licensed: Main Level - Bar/Restuarant Area

Premises are owned by: Donald J. Weber

Address of owner: 145 17th St South La Crosse, WI 54601

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Sean William Castady

Home address of Cabaret Manager: 1651 Denton St. La Crosse, WI 54601

Home phone number of Cabaret Manager: -

Daytime phone number of Cabaret Manager: 608-519-8815

Date of Birth of Cabaret Manager: _____

Was the above person listed as manager on last year's application? Yes ___ No X N/A

Other business to be conducted upon the premises: Hotel/Food & Beverage

Nature of entertainment: Background Music for Restaurant patrons

License Period: Aug 14, 2015 to June 30, 2016

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.

Sean W. Castady 7-28-15
(Signature of applicant & date)

OFFICE USE ONLY: _____ Munis Customer #: 176216

For original applications: Are there lands zoned conseryancy, residential or multiple dwelling within 100 feet of premises? Y N If yes, attach a list of those lands. 7/29/15 Buffer mailed

Signature and date _____ 8/14/15

Granted: 8/13/15 License #: 80



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
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.

**The Charmant Hotel LLC d/b/a The Charmant Hotel
at 101 State St., La Crosse, WI 54601**

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, August 4th, 2015 at 7:30 p.m.
Common Council Meeting – Thursday, August 13th, 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.

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

Dated this 29th day of July, 2015.

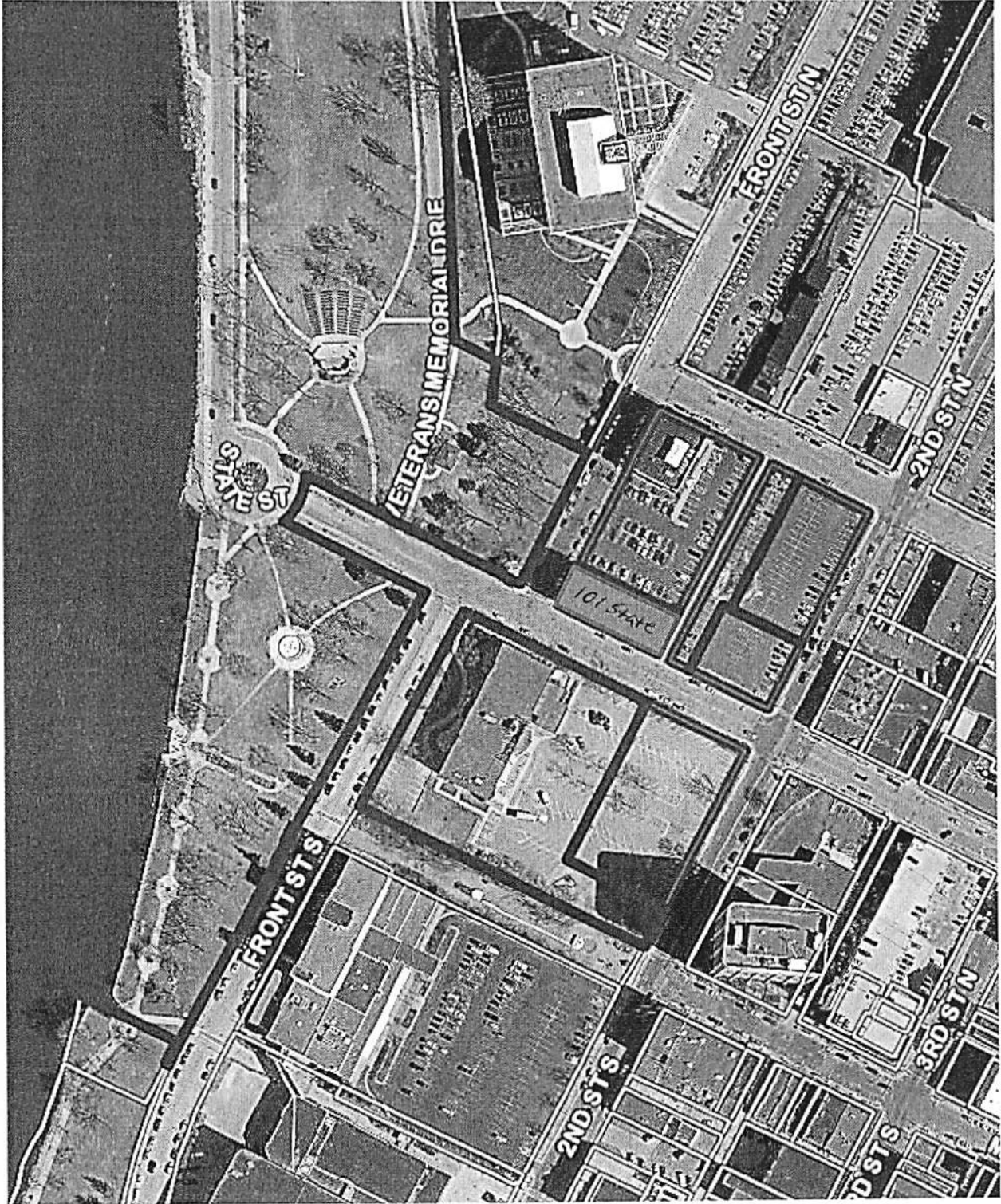
A handwritten signature in cursive script that reads "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk
City of La Crosse

A handwritten signature in cursive script that reads "Jay Christianson".

Jay Christianson
License & Election Clerk III

Tax Parcel Number	Owner Name	Property Address	Property Address City	Billing Address	Billing City/State/Zip
17-20253-20	CITY OF LACROSSE	1 STATE ST	LA CROSSE	400 LA CROSSE ST	LA CROSSE WI 54601
17-20001-10	100 HARBORVIEW PARTNERS LLC	100 2ND ST N	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20001-10	100 HARBORVIEW PARTNERS LLC	100 HARBORVIEW PLZ	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20001-10	100 HARBORVIEW PARTNERS LLC	100 HARBORVIEW PLZ STE 200	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20007-10	100 HARBORVIEW PARTNERS LLC	100 2ND ST N	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20001-10	100 HARBORVIEW PARTNERS LLC	100 HARBORVIEW PLZ STE C4	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20008-50	100 HARBORVIEW PARTNERS LLC	121 STATE ST	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20008-40	100 HARBORVIEW PARTNERS LLC	129 STATE ST	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20253-20	CITY OF LACROSSE	220 VETERANS MEMORIAL DR E	LA CROSSE	400 LA CROSSE ST	LA CROSSE WI 54601
17-20008-10	CITY OF LACROSSE	230 FRONT ST N	LA CROSSE	PO BOX 489	LA CROSSE WI 54602-0489
17-20001-10	NORTH CENTRAL TRUST COMPANY C/O TRUST POINT INC	100 HARBORVIEW PLZ STE C2	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385
17-20008-20	THE CHARMANT HOTEL LLC C/O DONALD J WEBER	101 STATE ST	LA CROSSE	102 JAY ST STE 400	LA CROSSE WI 54601-4023
17-20008-60	100 HARBORVIEW PARTNERS LLC	229 2ND ST N	LA CROSSE	301 SKY HARBOUR DR	LA CROSSE WI 54603-1385



The Charmant Hotel – 101 State St. – Indoor Cabaret 100' Buffer

Original:

License Fee: \$110.00

Renewal:

Invoice #: 128641
CHECK# 5104

APPLICATION FOR OUTDOOR CABARET LICENSE

Legal/Real Name: The Charmant Hotel

Address of above: 101 State Street La Crosse, WI 54601

Trade name of business: The Charmant Hotel

Address of premises to be licensed: 101 State Street La Crosse, WI 54601

Business phone number: 608-519-8815

Detailed description of cabaret area to be licensed: 5th Floor Rooftop Terrace

Premises are owned by: Donald J. Weber

Address of owner: 145 17th St South La Crosse, WI 54601

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Sean William Castady

Home address of Cabaret Manager: 1651 Denton St. La Crosse, WI 54601

Home phone number of Cabaret Manager: _____

Daytime phone number of Cabaret Manager: 608-519-8815

Date of Birth of Cabaret Manager: _____

Was the above person listed as manager on last year's application? Yes ___ No N/A

Other business to be conducted upon the premises: Hotel/Food & Beverage

Nature of entertainment: Background music for restaurant patrons

License Period: Aug 14 2015 to June 30, 2016

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.

Sean W. Castady 7-28-15
(Signature of applicant & date)

OFFICE USE ONLY:

Munis Customer #: 176216

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises. *7/29/15 Buffer mailed*

Signature and date 8/14/15

Granted: 8/13/15 License #: 16



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**NOTICE OF APPLICATION FOR OUTDOOR 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 **Outdoor Cabaret** license under Sec. 10-140(d) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated outdoor area.

**The Charmant Hotel LLC d/b/a The Charmant Hotel
at 101 State St., La Crosse, WI 54601**

This application will be considered at the following meetings:

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

Dated this 29th day of July, 2015.

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City of La Crosse

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Jay Christianson
License & Election Clerk III

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The Charmant Hotel – 101 State St. – Outdoor Cabaret 200' Buffer