

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

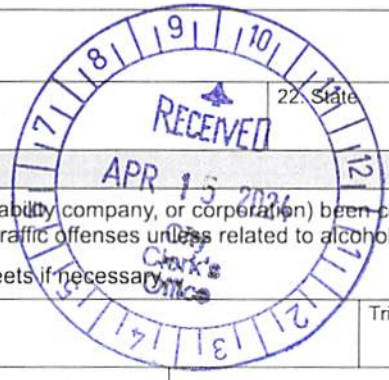
License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_
  Class "B" Beer ..... \$ \_\_\_\_\_  
 "Class A" Liquor ..... \$ \_\_\_\_\_
  "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_
  Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

May/June

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <span style="color: blue; font-size: 1.1em;">SAN PANCHO FOODS LLC.</span>			
2. Business Trade Name or DBA <span style="color: blue; font-size: 1.1em;">PASTISSIMO</span>			
3. FEIN <span style="color: blue; font-size: 1.1em;">93-3102637</span>	4. Wisconsin Seller's Permit Number <span style="color: blue; font-size: 1.1em;">456-1031596497-04</span>		
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	7. Date of Organization	8. Wisconsin DFI Registration Number	
9. Premises Address <span style="color: blue; font-size: 1.1em;">1221 La Crosse St</span>			
10. City <span style="color: blue; font-size: 1.1em;">La Crosse</span>	11. State <span style="color: blue; font-size: 1.1em;">WI</span>	12. Zip Code <span style="color: blue; font-size: 1.1em;">54601</span>	
13. County <span style="color: blue; font-size: 1.1em;">La Crosse</span>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone <span style="color: blue; font-size: 1.1em;">(608) 519-0536</span>	17. Premises Email <span style="color: blue; font-size: 1.1em;">manuelmarono@pastissimo.us</span>	18. Website <span style="color: blue; font-size: 1.1em;">pastissimo.us</span>	
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.  <span style="color: blue; font-size: 1.1em;">It is for consumption within an area of 520 sf; it is only a consumption area (inside)</span>			
20. Mailing Address (if different from premises address)			
21. City	22. State	23. Zip Code	



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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

## LICENSE INFO

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### Sales and Service Area \*

Sales and service within the entire 520 square foot restaurant.

### Storage Area

Storage behind sales counter in wine cooler and in the office.

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
 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
MARONO	MANUEL	OWNER	(609) 399 9811

**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 MARONO		First Name MANUEL		M.I. S
Title OWNER.	Email mmarono69@hotmail.com		Phone (609) 399-9811	
Signature 			Date 4/15/2024	

**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)

<b>Agent Type</b> (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) SAN PANCHO FOODS LLC.	
2. Business Trade Name or DBA PASTISSIMO	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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.	


<b>Part B: Agent Information</b>			
1. Last Name MARONO	2. First Name MANUEL	3. M.I. S	
4. Email mmarono69@hotmail.com		5. Phone (608)399 9911	
6. Home Address N6091 Grayhawk Rd			
7. City Onalaska	8. State WI	9. Zip Code 54650	10. Age 54
11. Drivers License/State ID Number M652-5576-9183-06		12. Drivers License/State ID State of Issuance 10/29/2020	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 MARONO		First Name MANUEL	M.I. S
Title Owner	Email manuelmarono@pastissimo.us	Phone (609) 3999911	
Signature 		Date 4/15/2024	

**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 MARONO		First Name MANUEL	M.I. S
Signature 		Date 4/15/2024	



# CITY CLERK'S OFFICE

400 La Crosse Street  
La Crosse, Wisconsin 54601  
(608) 789-7510  
cityclerk@cityoflacrosse.org  
www.cityoflacrosse.org

## NOTICE OF APPLICATION FOR CLASS "B" BEER LICENSE IN THE CITY OF LA CROSSE

This is to notify you that the following business has applied for a **Class "B" Beer** license. Pursuant to sec. 4-145 of the Municipal Code, no Class "B" license shall be granted for premises located within 100 feet of lands zoned residential or multiple dwelling without property owners receiving notification.

**San Pancho Foods LLC dba Pastissimo**  
**at 1221 La Crosse Street, La Crosse, WI 54601**

This application will be considered at the following meetings which are held in the Council Chambers of La Crosse City Hall, 400 La Crosse Street:

**Judiciary and Administration Committee – Tuesday, April 30, 2024 at 6:00 p.m.**  
**Common Council – Thursday, May 9, 2024 at 6:00 p.m.**

*If you wish to attend and participate in the meetings virtually, you can join typing this address in a web browser:*

*<https://us06web.zoom.us/j/83896973662?pwd=NWpxOEFqeUNMZ0haTEdXK2JiU0M3QT09>*

*Meeting ID: 838 9697 3662*

*Passcode: CC2024*

*Call in (audio only): +1 312 626 6799*

*Or you can view the meeting (no participation) by visiting the Legislative Information Center Meetings calendar (<https://cityoflacrosse.legistar.com/Calendar.aspx>) - find the scheduled meeting and click on the "In Progress" video link to the far right in the meeting list.*

*Written comments may be submitted to the City Clerk's Office by emailing [cityclerk@cityoflacrosse.org](mailto:cityclerk@cityoflacrosse.org), by delivery or mail to City Clerk, 400 La Crosse Street, La Crosse WI 54601 or by deposit in the green drop box on the north side of City Hall.*

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

Dated this 19<sup>th</sup> day of April 2024.

Nikki M. Elsen, WCMC  
City Clerk

Alicia Smithburg  
Assistant Clerk

1241 LA CROSSE ST LLC  
W2118 H HUNDT RD  
COON VALLEY WI 54623

PORT ROYAL PROPERTIES LLC  
PO BOX 2896  
LA CROSSE WI 54601

Cc: Manuel Marono  
San Pancho Foods LLC dba Pastissimo  
1221 La Crosse St  
LA CROSSE WI 54601

