

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning July 1 2019 ending June 30 2020

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

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 Root Note 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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Brekke, Carrie, Lynn</u>	<u>622 Johnson Street</u>	<u>La Crosse WI 54601</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Brekke, Carrie, Lynn</u>		
Directors/Managers			

3. Trade Name The Root Note Business Phone Number 608-782-7668  
 4. Address of Premises 115 4th St S. 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 1/1/2019 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 back page
10. Legal description (omit if street address is given above): 115 4th St S
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? ABCCOE LLC DBA The Root Note
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 6830.5d) before beginning business? [phone 1-877-882-3277].  Yes  No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 268-2776].  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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/13/19</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's WI Seller's Permit No.: <u>456-1029487597-02</u> FEIN Number: <u>83-274114</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (older only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>620.00</u></b>

Sales & Service: Entire first floor of two-story building.

Storage: Entire basement of two-story building.

Payment Amount: 755.00

CITY OF LA CROSSE, WI  
General Billing - 200139 - 2019  
006528-0217 Courtney... 05/13/2019 04:21PM  
18707 - THE ROOT NOTE LLC

**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 Root Note 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 Root Note  
(trade name)

located at 115 4th St S. La Crosse, WI 54601

appoints Corrie Brekke  
(name of appointed agent)

622 Johnson Street 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).

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? 15 years

Place of residence last year 622 Johnson Street La Crosse, WI 54601

For: The Root Note, LLC  
(name of corporation/organization/limited liability company)

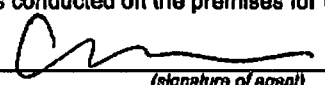
By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Corrie Brekke  
(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.

 1/3/19 Agent's age 38  
(signature of agent) (date)

622 Johnson St. La Crosse, 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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town clerk, village president, police chief)

Original:

License Fee: \$135.00

Renewal:

Invoice #: \_\_\_\_\_

### APPLICATION FOR *INDOOR* CABARET LICENSE

Legal/Real Name: ~~ABCDE LLC~~ → The Root Note LLC

Address of above: 115 4TH ST S LA CROSSE, WI 54601

Trade name of business: THE ROOT NOTE

Address of premises to be licensed: 115 4TH ST S LA CROSSE, WI 54601

Wisconsin Seller's Permit #: ~~456-1026856101-03~~ → 456-1029487597-02

Business phone number: (608) 782-7668

Detailed description of cabaret area to be licensed:  
Entire first floor of two story building.

Premises are owned by: 2ND AND MAIN/THREE SIXTY

Address of owner: 119 19TH ST N, LA CROSSE WI 54601

Name of Cabaret Manager: CORRIE LYNNE BREKKE  
(FIRST, FULL MIDDLE & LAST)

Home address of Cabaret Manager: 622 JOHNSON ST, LA CROSSE WI 54601

Home/Daytime phone number of Cabaret Manager: (608) 797-6346 or (608) 782-7668

Date of Birth of Cabaret Manager:

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

Other business to be conducted upon the premises: FOOD AND BEVERAGE SALES

Nature of entertainment: MUSIC, POETRY READING, STORYTELLING

License Period: July 1, 2019 to June 30, 2020

*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 Sec. 10, Article IV of the Code of Ordinances for the City of La Crosse.*

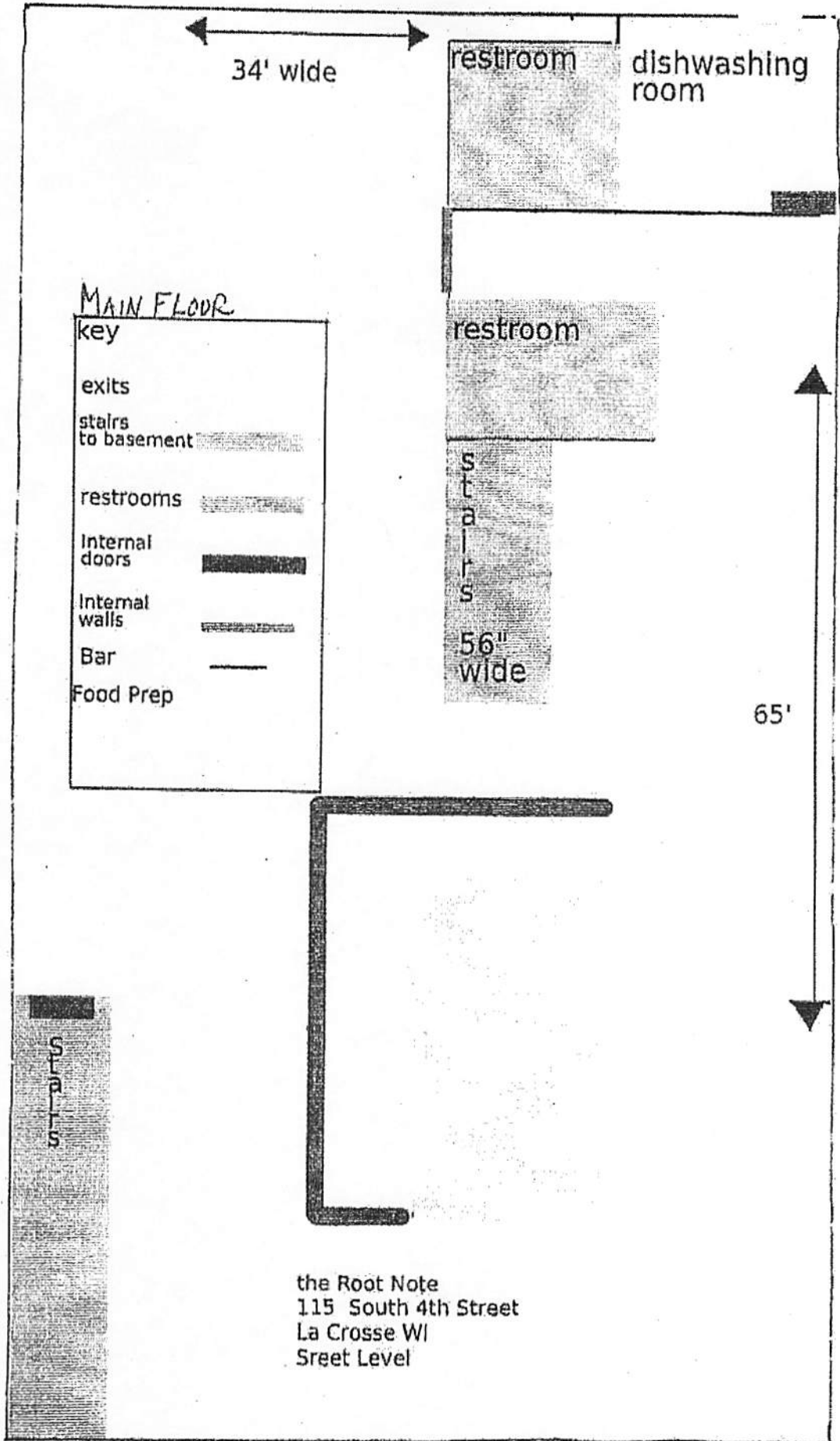
\_\_\_\_\_  
(Signature of applicant & date)

**OFFICE USE ONLY:**

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 & date: \_\_\_\_\_

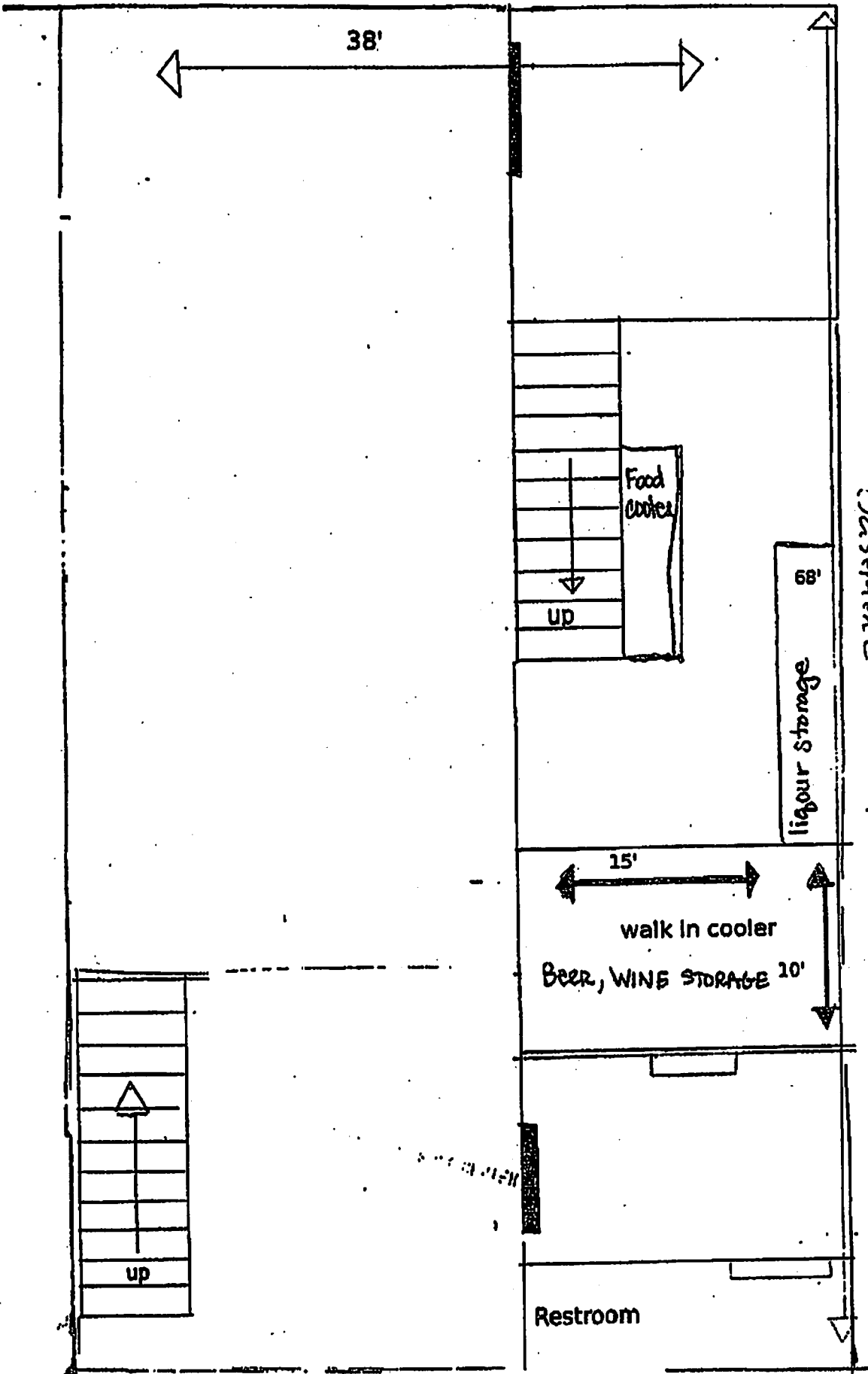
Granted: \_\_\_\_\_      Munis Customer #: 58695      License #: \_\_\_\_\_



MAIN FLOOR

key	
exits	
stairs to basement	
restrooms	
Internal doors	
Internal walls	
Bar	
Food Prep	

the Root Note  
 115 South 4th Street  
 La Crosse WI  
 Street Level



Basement

OwnerName	MailingLine4	MailingLine5
DJH HOLDINGS LLC	324 MAIN ST	LA CROSSE WI 54601
DOERFLINGERS SECOND CENTURY INC	1222 CASS ST	LA CROSSE WI 54601-4855
BALDRIC LLC	112 4TH ST S	LA CROSSE WI 54601
THOMAS J, SANDRA V KAPELLAS	114 4TH ST S	LA CROSSE WI 54601-3201
LEITHOLD PIANO CO INC	116 4TH ST S	LA CROSSE WI 54601-3201
AZARA PROPERTIES LLC	321 MENOMONIE ST	ELK MOUND WI 54739
MAIN STREET RENAISSANCE INC	504 MAIN ST STE 200	LA CROSSE WI 54601
JEFFREY W HOTSON	120 4TH ST S	LA CROSSE WI 54601-3201
DOERFLINGERS SECOND CENTURY INC	116 5TH AVE S APT A	LA CROSSE WI 54601
CHRISTINE A KAHLOW	823 CASS ST	LA CROSSE WI 54601
DALE B BERG	121 4TH ST S	LA CROSSE WI 54601-3257
PENNY L FASSLER	129 4TH ST S	LA CROSSE WI 54601
4 SISTERS CATERING LLC	133 4TH ST S	LA CROSSE WI 54601
BOOT COAT LLC	113 4TH ST S	LA CROSSE WI 54601-3257
THE ROOT NOTE	115 4TH ST S	LA CROSSE WI 54601

**SURRENDER OF LICENSE**

*Part I*

Legal/Real Name of Current Licensee: ABCCDE LLC  
Premises Address: 115 4th St S  
Trade Name: The Root Note

This is to advise that the undersigned is surrendering the following license(s)

- Combination "Class B" Beer & Liquor
  - Class "B" Beer
  - Class "A" Beer and/or "Class A" Liquor (circle which apply)
  - Wholesale Beer
  - "Class C" Wine


to: The Root Note LLC  
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

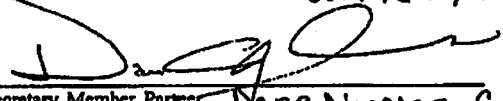
**New Applicant**

**Current Licensee**

  
President, Member, Partner, Individual  
Carrie Lynne Brekke

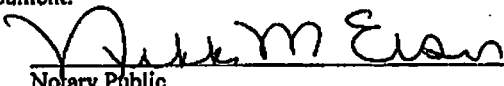
  
President, Member, Partner, Individual Carrie Lynne Brekke

Secretary, Member, Partner

  
Secretary, Member, Partner Dane Nicolas Gonzales


State of Wisconsin )  
) ss.  
County of La Crosse )

On the 3rd day of January, 2019, personally came before me Carrie Lynne Brekke, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee and acknowledged that s/he executed the foregoing document.

  
Notary Public  
Lacrosse County, Wisconsin  
My Commission expires: 6/23/21

State of Wisconsin )  
) ss.  
County of La Crosse )

On the 3rd day of January, 2019, personally came before me Carrie Lynne Brekke, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and acknowledged that s/he executed the foregoing document.

  
Notary Public  
Lacrosse County, Wisconsin  
My Commission expires: 6/23/21