

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 14th 20 17 ;
 ending June 30 20 18

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): ▶ SNUFFY'S BAR, 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>MEMBER</u> | <u>AMBREA MARCOU</u> | <u>1903 WEST AVE S, LA CROSSE, WI 54601</u> |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent | <u>▶ AMBREA MARCOU</u> | <u>1903 West Ave S, LA CROSSE WI 54601</u> | |
| Directors/Managers | | | |

3. Trade Name ▶ SNUFFY'S Business Phone Number 608-788-9020

4. Address of Premises ▶ 1903 WEST AVE 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 WISCONSIN and date 05/02/17 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.) ENTIRE MAIN FLOOR OF THE BUILDING LOCATED AT PROPERTY

10. Legal description (omit if street address is given above): N/A Rear of first floor & South wexhby of second floor. Office in west room of west corner

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? MOH-NNE ENTERPRISES, INC. 670.11 Payment Amount: _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) 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 21 day of July, 20 17

Carolee A. Neene
 (Clerk/Notary Public)
 My commission expires 12-19

Ambréa Marcou
 (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 | 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.: FEIN Number: <u>450-1029624975-02 82-1390777</u> | |
|-----------------------------------------------------------------------------------------|-------------------------|
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>91.74</u> |
| <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 | \$ <u>458.37</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>20.00</u> |
| TOTAL FEE | \$ <u>570.11</u> |

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 Snuffy's Bar, 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 Snuffy's
(trade name)

located at 1903 West Avenue South, La Crosse, WI 54601

appoints Ambrea Marcou
(name of appointed agent)

1903 West Avenue South, 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? 27 years

Place of residence last year 1903 West Avenue South, La Crosse, WI 54601

For: Snuffy's Bar, LLC
(name of corporation/organization/limited liability company)


By: 
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Ambrea Marcou, 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.

 7/21/2017 Agent's age _____
(signature of agent) (date)

1903 West Avenue South, 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 07/21/2017 by  Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

SURRENDER OF LICENSE Part I

Legal/Real Name of Current Licensee: Moh-Nne Enterprises, Inc.
 Premises Address: 1903 West Avenue South, La Crosse, WI 54601
 Trade Name: Snuffy's

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: Snuffy's Bar, 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

[Signature]
 President, Member, Partner, Individual

 Secretary, Member, Partner

Current Licensee

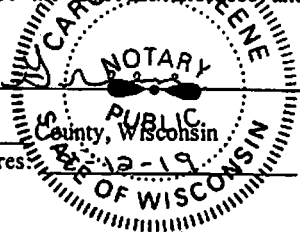
[Signature]
 President, Member, Partner, Individual Peret

[Signature]
 Secretary, Member, Partner Jenn *Signed 7/21/17*

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

On the 21 day of July, 2017, personally came before me Peke J. Mohr III, 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.

[Signature]
 Notary Public
 La Crosse
 My Commission expires: NOV 12-19



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

On the 21 day of July, 2017, personally came before me Ambroa Marcou, 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.

[Signature]
 Notary Public
 La Crosse
 My Commission expires: NOV 12-19

