



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICATION

INFORMATION SUBMITTAL

Rev. 10/2025

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Applications will not be accepted until all of the information is complete and necessary documents provided.

TYPE OF LICENSE(S) REQUESTED

Class A: Beer, Liquor

Class B: Beer, Liquor

Class C: Wine

APPLICANT

Legal Business Name (Corporation, LLC, Sole Proprietor, Partnership):

JKLM LLC

Trade Name:

DAYS INN LA CROSSE

Address:

Street

City

State

Zip Code

2150

ROSE STREET

LA CROSSE

WI, 54603

Telephone Number:

Email:

Website:

ACTIVE USE OF LICENSE

I understand that if a license is granted, said license **must be activated within 90 days of being granted** pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening: 05/01/2026 6/1/2026

I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

I understand that **if there is any change to the license or licensee information**, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., **the City Clerk will be notified within 30 days** pursuant to Wis. Stat. sec. 125.04(3)(h).

CORPORATIONS/LLCs – AGENT QUALIFICATIONS & RESPONSIBILITIES

(N/A for Sole Proprietors and Partnerships)

I understand that as an officer of the applicant corporation or member of the applicant limited liability company, the appointed alcohol license agent shall meet the requirements of Wis. Stat. Ch. 125 and, in addition, shall have resided within the State of Wisconsin continuously for 90 days prior to the date of application and shall reside within a 25-mile radius of the City limits at the time of application and at all times such individual shall be the appointed agent. Further, the appointed agent is an individual who is regularly involved in the actual conduct of the business and has full authority and control of the premises described and of the conduct of all business on the premises relative to alcohol beverages.

BUSINESS PLAN

Type of Establishment:

Tavern Nightclub Restaurant Liquor Store Grocery Store

Convenience Store with gas pumps Convenience Store without gas pumps

Other HOTEL

Hours of Operation: 24 HR FOR LODGING

Anticipated Number of Employees:

4

Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:

STATE APPROVRD RESPONSIBLE BARTENDER'S LAICENSS AND IN HOUSE TRAINING

Other Business to Be Conducted on Premise:

Estimated gross receipts for food and alcohol beverage sales by percentage.
(Note: Non-alcoholic drinks are classified as "Food.")

10 % Alcohol % Food % Other

If applicable, describe "Other":

Estimated capacity (Class B and Class C licenses only):

Indoor N/A

Outdoor, if applicable

Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.
If yes, a beer garden license or outdoor dining permit is required.

Will there be live entertainment (music or dancing) on premise? If yes, explain.
If yes, a cabaret license is required.

Do you have off-street parking? Yes No

If yes, how many parking spaces? 100

If no, how will parking be accommodated.

lobby, front desk, storage room

Provide a sketch of the floor plan showing overall dimensions, the areas of sales, consumption and storage, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

google maps

The information provided is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Nick Patel
Signature

04/11/2026
Date

FOR OFFICE USE – City Clerk’s Office checklist for complete applications

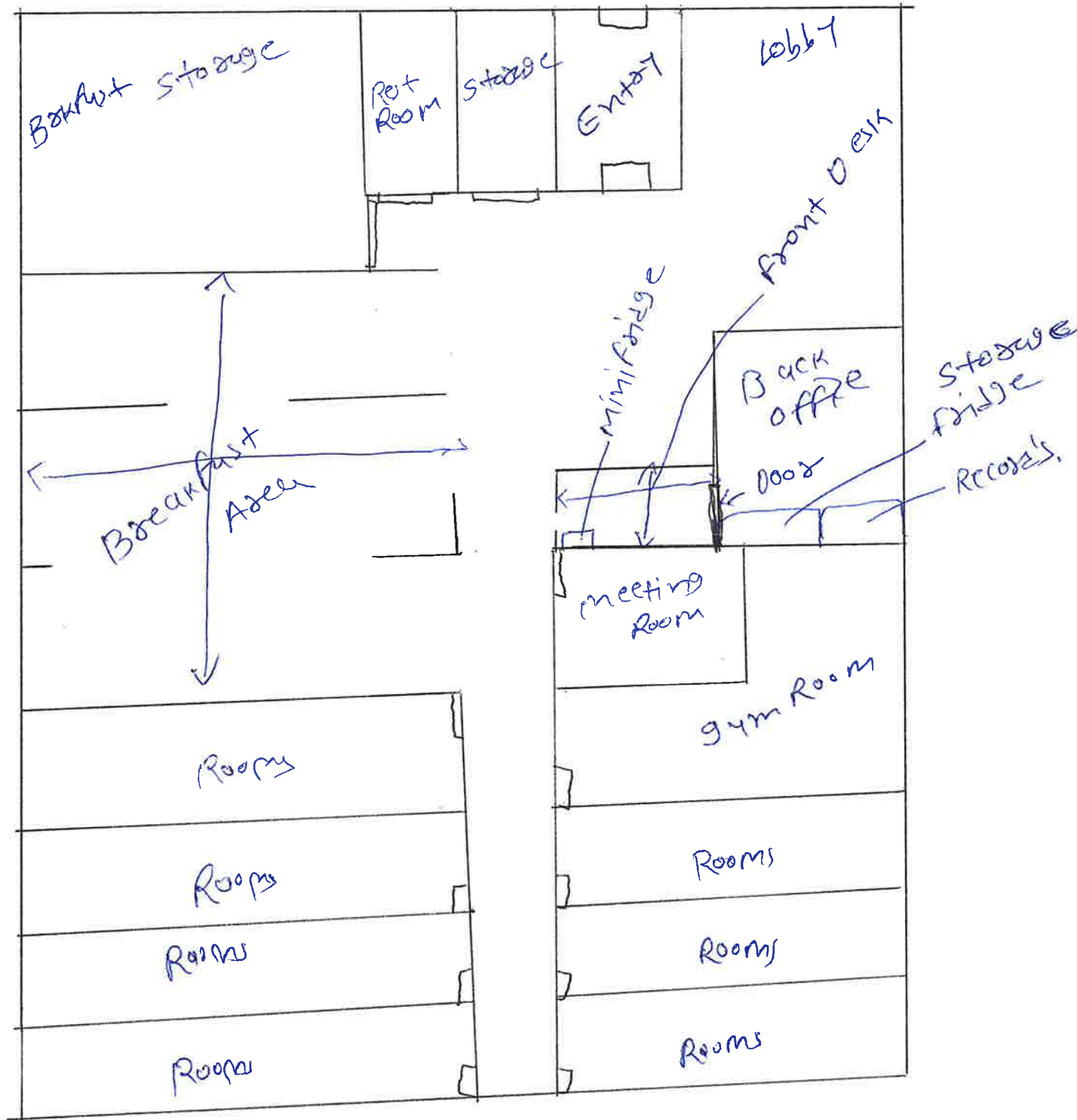
- Completed applications and fee
- Surrender of previous license, if applicable
- Lease, purchase agreement, or other proof of control of premise
- Contact Information Sheet
- Articles of Incorporation
- WI Seller’s Permit Certificate (copy)
- FEIN (copy)
- Floor Plan
- Site Plan
- Proof of course completion or valid operator license or on other license within last two years.
- Confirm proximity to school, church or hospital
- Confirm proximity to land zoned residential or multiple dwelling



Entrance

- Front Desk
- mini fridge
- storage
- RECORDS

DAYS INN



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
<input type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">License Fee(s)</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$</td> </tr> <tr> <td>Total Fees</td> <td>\$</td> </tr> </table>	License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$	Total Fees	\$
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$								
Total Fees	\$								
<input type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____									
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____									
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____									

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) JKLM LLC		
2. Business Trade Name or DBA DAYS INN LA CROSSE		
3. FEIN 83-0592964	4. Wisconsin Seller's Permit Number 456-1029757113-02	
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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization WI	8. Date of Organization 05/21/2018	9. Wisconsin DFI Registration Number J044160
10. Premises Address 2150 ROSE STREET		
11. City LA CROSSE	12. State WI	13. Zip Code 54603
14. County La Crosse	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: LA CROSSE	
16. Aldermanic District	17. Premises Phone (608) 781-0400	18. Premises Email [REDACTED]
19. Website		
20. Premises Description <p>Initial (New Applicants Only): 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.</p> <p>Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/></p> <p>WE ARE PLANNING TO KEEP ONE KEYED ACCESS MINI FRIDGE BEHIND DESK FOR STORED AND SELL ONLY BEER'S FROM THERE.</p> <p style="font-size: 1.2em; color: blue;"><i>Records will be stored in back office by front desk.</i></p>		
21. Mailing Address (if different from premises address)		
22. City	23. State	24. 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. Yes 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	

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 wholesaler? .. Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information


Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 PATEL	First Name NIKIN	M.I. A
Title PRESIDENT	Email NIKINPATEL91@YAHOO.COM	Phone (262) 497-6340
Signature 		Date 04/11/20

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)	

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) JKLM LLC	
2. Business Trade Name or DBA DAYS INN LA CROSSE	
3. 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	

Part B: Individual Information				
1. Last Name PATEL		2. First Name RAJNIKANT		3. M.I. P
4. Relationship to Business (Title) MEMBER		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 614 MONITOR ST				
8. City LA CROSSE		9. State WI	10. Zip Code 54603	11. Date of Birth [REDACTED]
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/2019
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.			
Previous Address 1 3643 MORMON COULEE RD	City LA CROSSE	State WI	Zip Code 54601
Previous Address 2 800 COUNTY RD H	City WISCONSIN DELLS	State WI	Zip Code 53965
Previous Address 3 1150 OAKED RD	City LA CROSSE	State WI	Zip Code 53406
Previous Address 4 614 MONITOR ST	City LA CROSSE	State WI	Zip Code 54603
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County N/A	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.


Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature		Date	04/11/2026
-----------	---	------	------------

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) JKLM LLC			
2. Business Trade Name or DBA DAYS INN LA CROSSE			
3. 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			

Part B: Individual Information					
1. Last Name PATEL		2. First Name KINJAL		3. M.I. N	
4. Relationship to Business (Title) MEMBER		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address 303 W WISCONSIN ST					
8. City SPARTA		9. State WI	10. Zip Code 54656		11. Date of Birth [REDACTED]
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/2015				
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1 614 MONITOR ST		City LA CROSSE	State WI	Zip Code 54603			
Previous Address 2 303 W WISCONSIN ST		City SPARTA	State WI	Zip Code 54656			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
	N/A						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated OWI	Location LA CROSSE	Conviction Date 11/27/2025
Penalty Imposed 500\$	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <i>Kingal Patel</i>	Date 04/11/2026
----------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

Date
04/11/2026

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) JKLM LLC				
2. Business Trade Name or DBA DAYS INN LA CROSSE				
3. 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

Part B: Individual Information				
1. Last Name PATEL		2. First Name NIKIN		3. M.I. A
4. Relationship to Business (Title) PRESIDENT		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 3643 MORMON COULEDD RD				
8. City LA CROSSE		9. State WI	10. Zip Code 54601	11. Date of Birth [REDACTED]
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI	

Part C: Address History				
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 11/2016
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.				
Previous Address 1 3643 MORMON COULEE RD		City LA CROSSE	State WI	Zip Code 54601
Previous Address 2		City	State	Zip Code
Previous Address 3		City	State	Zip Code
Previous Address 4		City	State	Zip Code
Previous Address 5		City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State	County	State	County	State
	N/A			
State	County	State	County	State

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.


Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature 	Date 04/11/2026
--	--------------------

Alcohol Beverage Appointment of Agent

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) JKLM LLC	
2. Business Trade Name or DBA DAYS INN LA CROSSE	
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.	

Part B: Agent Information

1. Last Name PATEL	2. First Name NIKIN	3. M.I. A
4. Email NIKINPATEL91@YAHOO.COM		5. Phone [REDACTED]
6. Home Address 3643 MORMON COULEE RD		
7. City LA CROSSE	8. State WI	9. Zip Code 54601
10. Date of Birth [REDACTED]		11. Driver's License/State ID Number [REDACTED]
		12. Driver's License/State ID State of Issuance WI

Part C: Agent Questions

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> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? <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 PATEL		First Name NIKIN		M.I. A
Title PRESIDENT	Email [REDACTED]		Phone [REDACTED]	
Signature <i>Nikhil Patel</i>			Date 04/11/20	

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 PATEL		First Name NIKIN		M.I. A
Signature <i>Nikhil Patel</i>			Date 04/11/20	

Office of City Clerk



April 20, 2026

ATTN: NIKIN PATEL
JKLM LLC DBA DAYS INN LA CROSSE
2150 ROSE ST
LA CROSSE WI 54603

Dear Nikin,

Our office is in receipt of the application for a Class "B" Beer License of JKLM LLC dba Days Inn La Crosse at 2150 Rose Street.

The application will be considered at the following meetings:

Judiciary & Administration Committee

Tuesday, May 5, 2026, 6:00 p.m.

Council Chambers, City Hall - 400 La Crosse St.

Common Council

Thursday, May 14, 2026, 6:00 p.m.

Council Chambers, City Hall - 400 La Crosse St.

It is recommended that someone attend the J&A meetings where public hearing is allowed; there may be questions or comments from a committee or council member or another citizen. Public hearing is generally not allowed at the Council meeting although there may be questions of Council Members. The applications will appear as part of the Various Licenses agenda item, which is a grouping of all of the licenses submitted for approval for April (File # 26-0272).

Attendance is allowed either in person or virtually. I will also be sending you an email with the dates listed above and the Zoom link for the J&A meeting. If you have any questions, comments, or concerns; do not hesitate to contact me.

Sincerely,

Sondra Craig, Deputy Clerk
craigs@cityoflacrosse.org
608-789-7549

cc: Nikin Patal, JKLMLLC@YAHOO.COM



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.

**JKLM LLC dba Days Inn La Crosse
at 2150 Rose St, La Crosse, WI 54603**

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, May 5, 2026 at 6:00 p.m.
Common Council – Thursday, May 14, 2026 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/83473183380?pwd=SE55WWRKL2V2alhncW5VM3RLWGYrdz09>

Meeting ID: 83473183380

Passcode: CC2026

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, 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 16th day of April 2026.

Alicia Smithburg
Assistant Clerk

JKLM LLC
3643 MORMON COULEE RD
LA CROSSE, WI 54601



City of La Crosse, 400 La Crosse Street La Crosse, WI 54601
cityclerk@cityoflacrosse.org | 608-789-7510
www.cityoflacrosse.org

Tax Parcel Number	OwnerName	PROPADDCOMP	CompleteAddress	MailCityStateZip
17-10271-60	JENNA LYNNE KRUEGER, FREDRICK SCOTT KRUEGER	801 HAYES ST	2201 LIBERTY ST	LA CROSSE, WI 54603
17-10274-20	PROPERTY LOGIC LLC	2200 AVON ST	PO BOX 2132	LA CROSSE, WI 54602-2132
17-10308-30	AG IRREVOCABLE TRUST	2212 ROSE ST	76899 LONDON CT	PALM DESERT, CA 92211
17-10308-40	JKLM LLC	2150 ROSE ST	3643 MORMON COULEE RD	LA CROSSE, WI 54601
17-10308-50	CITY OF LACROSSE	2100 ROSE ST	400 LA CROSSE ST	LA CROSSE, WI 54601
17-10330-10	AREC 1 LLC	2134 ROSE ST	PO BOX 29046	PHOENIX, AZ 85038
17-10308-20	SHAMROCK PROPERTIES LC	2226 ROSE ST	PO BOX 4511	DAVENPORT, IA 52808
17-10274-10	PROPERTY LOGIC LLC	2204 AVON ST	PO BOX 2132	LA CROSSE, WI 54602-2132
17-10274-30	PACHYDERM PROPERTIES LLC, DBA WI PACHYDERM PROPERTIES LLC	818 PALACE ST	PO BOX 460389	HOUSTON, TX 77056
17-10274-40	STEVEN T RENDLER, BARBARA M RENDLER	2127 LIBERTY ST	2127 LIBERTY ST	LA CROSSE, WI 54603-2083