

170079

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/22/2021 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } LA CROSSÉ  
 Village of }  
 City of }

County of LA CROSSÉ Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456 - 1030536272-04</u>	
FEIN Number <u>86-2050398</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>10.00</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>50.00</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>	\$ <u>80.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
PETER JAMES, 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 full name and place of residence of each person.

President / Member Last Name <u>CROGAN</u>	(First) <u>PETER</u>	(Middle Name) <u>JAMES</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1459 REDFIELD ST LA CROSSÉ 54601</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name JIMMY'S NORTH STAR Business Phone Number 608 782-5565  
2. Address of Premises 1732 GEORGE Post Office & Zip Code LA CROSSÉ 54603

3. 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.)  
- TAVERN AND BEER GARDEN  
- ALCOHOL STORED IN BASEMENT AND BEHIND BAR

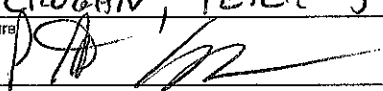
4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (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? JIMMY'S NORTH STAR, INC  
DBA JIMMY'S NORTH STAR AGENT JIMMY POWELL

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2-22-2001 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  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? **If yes, explain.**  Yes  No
10. 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 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. 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.

Contact Person's Name (Last, First, M.I.) <b>CROGAN, PETER J</b>	Title/Member <b>OWNER, PRESIDENT</b>	Date <b>2-22-2001</b>
Signature 	Phone Number <b>608 790 6700</b>	Email Address <b>PCROGAN1HOTMAIL.COM</b>

**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	

# 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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of LA CROSSE County of LA CROSSE

The undersigned duly authorized officer/member/manager of PETER JAMES, 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 SEMMY'S NORTH STAR  
(Trade Name)

located at 1732 GEBRUE ST LA CROSSE

appoints PETER JAMES COOGAN  
(Name of Appointed Agent)  
1459 ACOTFIELD ST LA CROSSE  
(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).  
PETER JAMES, LLC

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? 51 YEARS

Place of residence last year 1459 ACOTFIELD LA CROSSE

For: PETER JAMES, LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, PETER COOGAN, 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] 2-22-2021 Agent's age 51  
(Signature of Agent) (Date)  
1459 ACOTFIELD Date of birth [Redacted]  
(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 Chair, Village President, Police Chief)



# City of La Crosse, Wisconsin

## APPLICATION FOR BEER GARDEN LICENSE

Check One:  New  Renewal For the license period 3/30/21 to 6/30/21 Fee: \$ 1100<sup>00</sup>

License Class: (Check One)  Class "A"  Class "B"  Class "C"  Class "D" (ZONING RESTRICTION)

### BUSINESS INFORMATION

Legal/Real Name: PETER JAMES' LLC  
 Address of Above: Street 1459 MEDFIELD ST City LA CROSSE State WI Zip Code 54603  
1732 GEORGE ST

### PREMISES INFORMATION

Trade Name of Business: JIMMY'S MOUTH STAN  
 Address of premises to be Licensed: 1732 GEORGE ST LA CROSSE WI 54603

### BEER GARDEN INFORMATION

Description of proposed beer garden: (MUST BE SPECIFIC: square feet, physical location, material made out of, etc.)  
SEE ATTACHED MAP

### AGENT INFORMATION

Agent Name: First PETER Middle JAMES Last COOGAN  
 Agent Home Address: Street 1459 MEDFIELD City LA CROSSE State WI Zip Code 54601  
 Home Phone Number: 608 790 6700 Daytime Phone Number: 608 790 6700  
 Was the above person listed as agent on last year's application?  
 Yes  No

The above hereby makes application for a license to operate a Beer Garden at the above address within the City of La Crosse pursuant to provisions of Sec. 10-47 of the Code of Ordinances for the City of La Crosse.

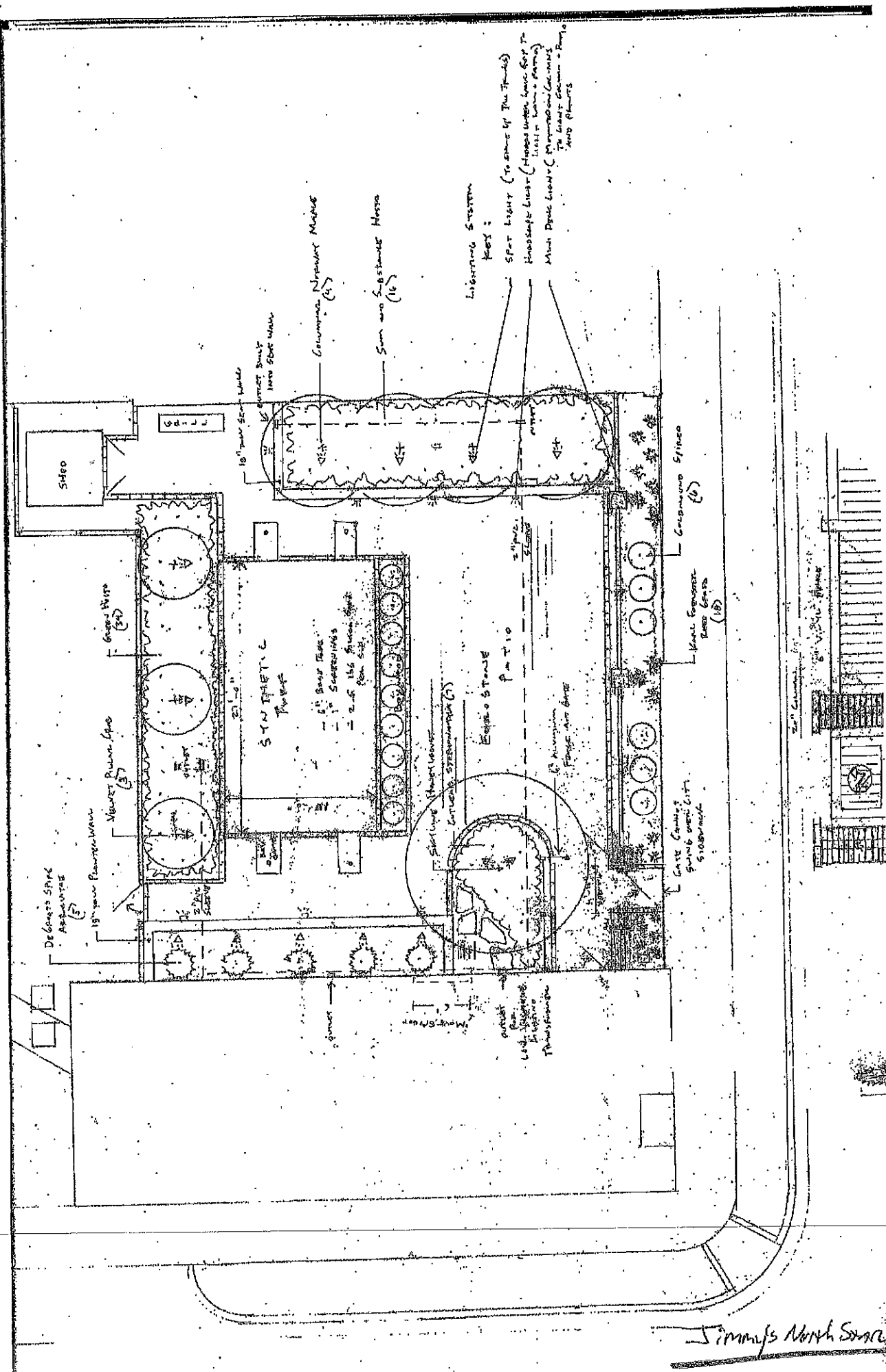
[Signature] Signature of Applicant 2-22-2021 Date

## A PLAN MUST ACCOMPANY THIS APPLICATION

### OFFICE USE ONLY

For original application:  
 Attach a list of all property owners within 200 feet of the proposed licensed premises.

Signature:	Date:	Granted:	License #:
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Lighting System  
 Key:  
 Spot Light (to shine by the fountains)  
 Floodlight Light (to shine under the gate to  
 light in lawn area)  
 Mini Spot Light (to illuminate columns  
 and plants)

Jimmy's North Space

Landscape Plus Inc  
Jimmy's North Star  
1732 George Street  
LaCrosse - Wisconsin

Designed By: Timothy Marston



Timothy Marston  
Zingher's Landscape By Design  
81708 County Rd 23A, Okauchee, WI 54656  
(608)783-1025

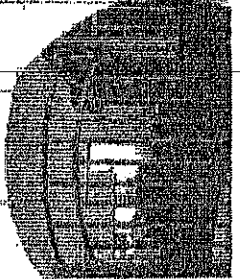
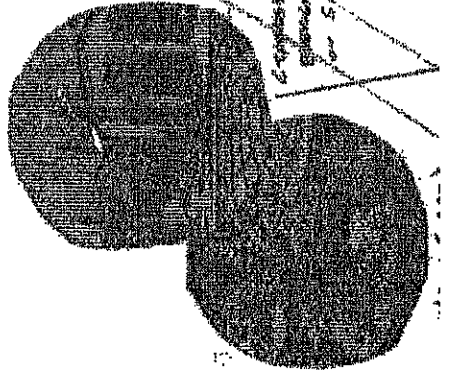
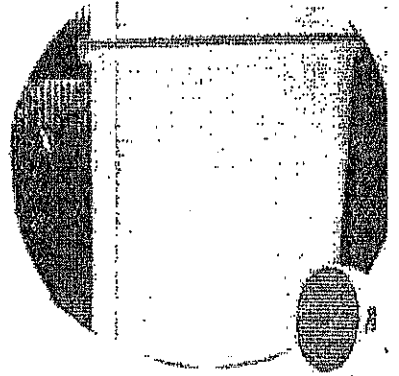
Scale: 1/8" = 1'-0" Date: 12/5/15

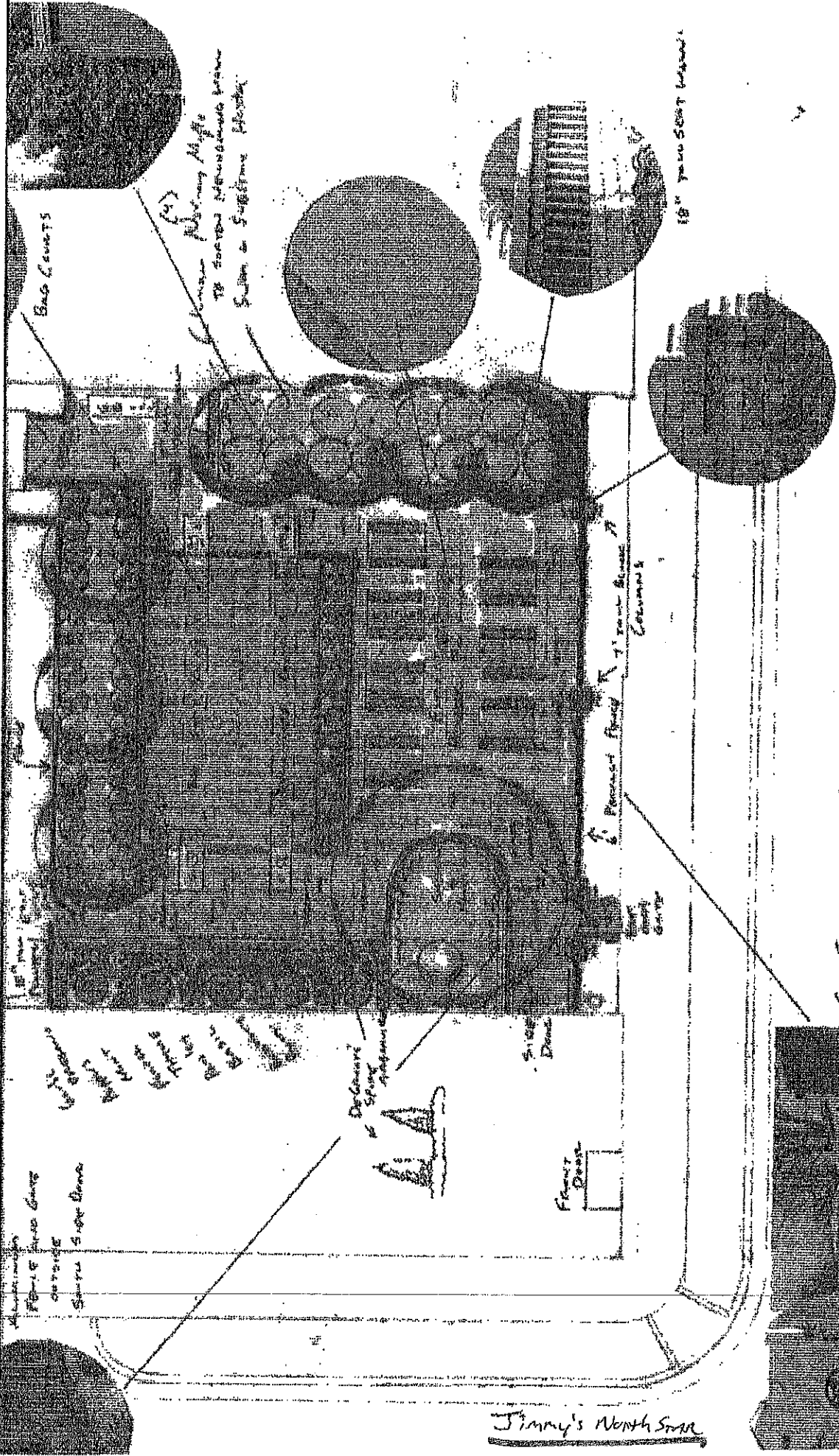
ALERT

Parkway Lot

Concrete Septic  
Installation  
in Service Area

Jimmy's North Star





BAG COUNTS

Plumber Plumbing Muffe  
 18" square openings from  
 Sun & Sublime Photo

18" square 500T bag

6" recessed floor  
 1" square hole  
 Counters

18" square  
 bag  
 counts

18" square  
 bag  
 counts  
 18" square  
 bag  
 counts  
 18" square  
 bag  
 counts  
 18" square  
 bag  
 counts

Dr. Counters  
 Spring  
 Adjustment

Stair  
 Down

Front  
 Door

G E O R G E S T R E E T

Jimmy's North Star