

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning November 1st 20 18 ;
ending June 30th 20 19

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)

Applicant's WI Seller's Permit No.: FEIN Number:	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>75.06</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>375.03</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>470.09</u>

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): ▶ DREAM ONCE, 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>Branson, Mark R</u>	<u>3116 29th Ct S La Crosse WI</u>	<u>54601</u>
Vice President/Member	<u>Schlegel, Ryan D</u>	<u>2140 Green Bay St. La Crosse WI</u>	<u>54601</u>
Secretary/Member	<u>Simpson, Sheena M</u>	<u>3035 Losey Blvd La Crosse WI</u>	<u>54601</u>
Treasurer/Member	<u>Starish, Rich K</u>	<u>2416 Hengle Ct #205 La Crosse WI</u>	<u>54601</u>
Agent ▶	<u>MARK R. Branson</u>	<u>3116 29th Ct S, La Crosse WI</u>	<u>54601</u>
Directors/Managers			

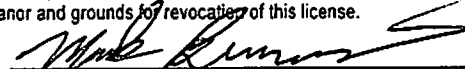
3. Trade Name ▶ The Arterial Burger Grill Business Phone Number 608-397-7349/782-9247
4. Address of Premises ▶ 1003 16th St S Post Office & Zip Code ▶ La Crosse 54601

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 9/7/18 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 1st floor & basement area, excluding laundry.

10. Legal description (omit if street address is given above): Storage: 1st floor & basement.
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? Jackson & 10th Inc (Joe Bloedorn, agent)
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 5630.5d) before beginning business? [phone 1-877-882-3277]. Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (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 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.


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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-25-2018</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>57</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 Dream Once, 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 Arterial Bar and Grill
(trade name)

located at 1003 16th S., La Crosse, WI 54601

appoints Mark Brawson
(name of appointed agent)

3116 29th Ct S.
(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? 13 years

Place of residence last year 3116 29th Ct. S., La Crosse WI 54601

For: Dream Once, LLC
(name of corporation/organization/limited liability company)

By:
(signature of Officer/Member/Manager)

And:
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Mark Brawson, 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.

9/25/18 Agent's age _____
(signature of agent) (date)

3116 29th Ct S., 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 chair, village president, police chief)

SURRENDER OF LICENSE
Part I

Legal/Real Name of Current Licensee: Jackson: 16th Inc
 Premises Address: 1003 16th St S
 Trade Name: Arterial

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: Dream Once 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. → ON NOV. 1, 2018

New Applicant

[Signature]
 President, Member, Partner, Individual

[Signature]
 Secretary, Member, Partner

Current Licensee

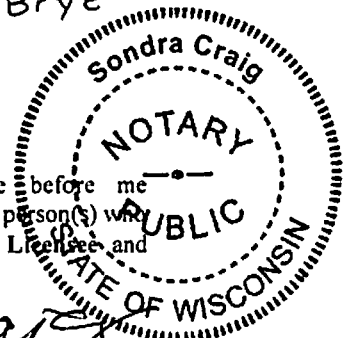
[Signature]
 President, Member, Partner, Individual Joseph Bloedorn

[Signature]
 Secretary, Member, Partner Sophia Brye

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

On the 25th day of September, 2018, personally came before me Joseph Bloedorn + Sophia Brye, 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.

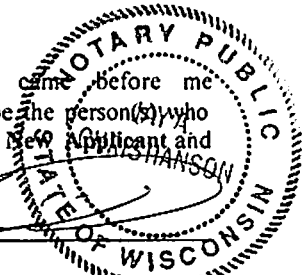
[Signature]
 Notary Public
La Crosse County, Wisconsin
 My Commission expires: 11/11/2021



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

On the 25th day of September, 2018, personally came before me Ryan Schloyer + Mark Branson, 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 County, Wisconsin
 My Commission expires: 3-13-2020



Original:

License Fee: \$135⁰⁰

Renewal:

Invoice #: 200131

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: Dream Once LLC

Address of above: 1003 16th Street South

Trade name of business: The Arterial Bar and Grill

Address of premises to be licensed: 1003 So. 16th Street

Business phone number: 608-782-9247

Detailed description of cabaret area to be licensed: open floor bar area.

Premises are owned by: Andrew Schmitz / SLP Center LLC

Address of owner: 3860 labore rd., Vadnais Heights, MN 55110

Name of Cabaret Manager (FIRST, MIDDLE & LAST): Ryan David Schlegel

Home address of Cabaret Manager: 2140 Green Bay Street

Home phone number of Cabaret Manager: 608-317-0744

Daytime phone number of Cabaret Manager: 608-317-0744

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: BAR & RESTAURANT

Nature of entertainment: music, karaoke, private parties, bar games.

License Period: NOVEMBER 1st, 2018 to June 30th, 2019

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. 10-100 of the Code of Ordinances for the City of La Crosse.

[Signature] 9/24/18
(Signature of applicant & date)

OFFICE USE ONLY: _____ Munis Customer #: 194416

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 and date _____

Granted: _____ License #: _____



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

**NOTICE OF APPLICATION FOR INDOOR CABARET LICENSE
IN THE CITY OF LA CROSSE**

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for an **Indoor Cabaret** license under Sec. 10-140(c) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated indoor area.

**Dream Once LLC d/b/a The Arterial Bar & Grill
at 1003 16th St. S., La Crosse, WI 54601**

This application will be considered at the following meetings:

Judiciary & Administration Committee – Tuesday, October 2nd, 2018 at 6:00 p.m.
Common Council Meeting – Thursday, October 11th, 2018 at 6:00 p.m.

All the above meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

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

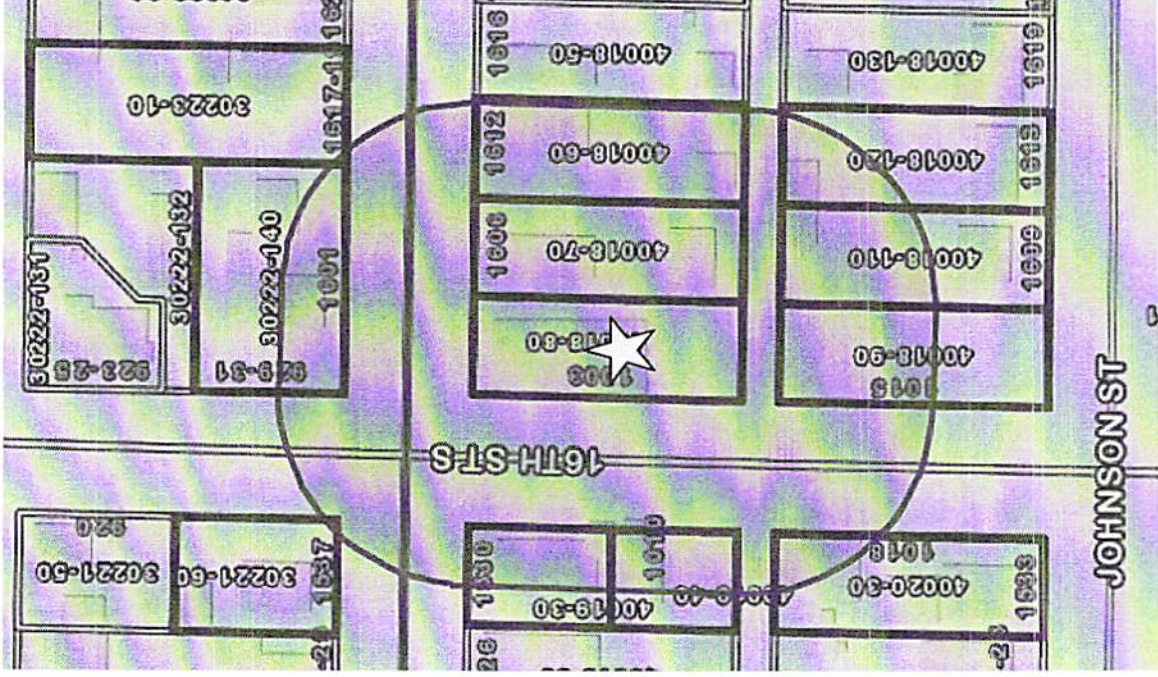
Dated this 26th day of September, 2018.

A handwritten signature in cursive script that reads "Teri Lehrke".

Teri Lehrke, WCPC, City Clerk
City of La Crosse

A handwritten signature in cursive script that reads "Jay A. Christianson".

Jay A. Christianson
Assistant Clerk



Dream Once LLC d/b/a The Arterial Bar & Grill
at 1003 16th St. S., La Crosse, WI 54601

Indoor Cabaret
100' Buffer Notice

October 11th, 2018 Council Meeting

OwnerName	MailingLine4	MailingLine5	Property Address
ARTERIAL HOLDING COMPANY LLC	1003 16TH ST S	LA CROSSE WI 54601	1003 16TH ST S
ARTERIAL HOLDING COMPANY LLC	1003 16TH ST S	LA CROSSE WI 54601	1015 16TH ST S
CANDICE M HEFTI DAVID G PRALLE	1537 JACKSON ST	LA CROSSE WI 54601	1537 JACKSON ST
CARRIAGE HOUSE PROPERTIES LLC	447 COUNTRY CLUB LN	ONALASKA WI 54650	1617 JACKSON ST
CARRIAGE HOUSE PROPERTIES LLC	447 COUNTRY CLUB LN	ONALASKA WI 54650	1619 JACKSON ST
DON JOHNSON	1613 JOHNSON ST	LA CROSSE WI 54601-5723	1613 JOHNSON ST
DON JOHNSON	1613 JOHNSON ST	LA CROSSE WI 54601-5723	1613 JOHNSON ST APT 1
DON JOHNSON	1613 JOHNSON ST	LA CROSSE WI 54601-5723	1613 JOHNSON ST APT 2
GOEHNER INVESTMENTS LLC	1516 NAKOMIS AVE	LA CROSSE WI 54603	1530 JACKSON ST
HOLLY S MUELLER	1609 JOHNSON ST	LA CROSSE WI 54601-5723	1609 JOHNSON ST
LAUFENBERG RENTALS LLC	18599 ICEBOX AVE	SPARTA WI 54656	1606 JACKSON ST
LORRI K FIELDING	1533 JOHNSON ST	LA CROSSE WI 54601	1018 16TH ST S
LORRI K FIELDING	1533 JOHNSON ST	LA CROSSE WI 54601	1533 JOHNSON ST
ROSE ST BUSINESS CONDOS LLC	901 ROSE ST	LA CROSSE WI 54603	1612 JACKSON ST
SALLY J WITTENBERG ROBERT L JR DAUGHERTY	1010 16TH ST S	LA CROSSE WI 54601-5701	1010 16TH ST S
SUMMIT REAL ESTATE HOLDING LLC	N1935 SUMMIT DR	LA CROSSE WI 54601	1601 JACKSON ST
SUMMIT REAL ESTATE HOLDING LLC	N1935 SUMMIT DR	LA CROSSE WI 54601	929 16TH ST S
SUMMIT REAL ESTATE HOLDING LLC	N1935 SUMMIT DR	LA CROSSE WI 54601	931 16TH ST S