



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):

Trade Name:

CHARMANT OPERATIONS, LLC

THE CHARMANT HOTEL

Address:

Street

City

State

Zip Code

101 STATE STREET

LA CROSSE

WI

54601

Telephone Number:

Email:

Website:

<https://www.thecharmanthotel.com/>

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: **12/04/2025-CLOSING OF PURCHASE OF PROPERTY**

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 BOUTIQUE HOTEL

Hours of Operation:

HOTEL: 24/7

RESTAURANT/BAR M-TH: 7A-10P; F-SA: 7A-11P; SU: 7A-9P

Anticipated Number of Employees:	70 PEOPLE
Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:	EMPLOYEES ARE REQUIRED TO TAKE ALOCHOL SERVSAFE COURSE OR SIMILAR; CONTINUOUS IN-HOUSE TRAINING
Other Business to Be Conducted on Premise:	HOTEL, RESTAURANT/BAR OPERATIONS
Estimated gross receipts for food and alcohol beverage sales by percentage. (Note: Non-alcoholic drinks are classified as "Food.")	40 % Alcohol 60 % Food _____ % Other
If applicable, describe "Other":	
Estimated capacity (Class B and Class C licenses only):	Indoor <u>150 SEATS</u> Outdoor, if applicable <u>50 SEATS</u>
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.	YES, THERE IS A ROOF TOP PATIO THAT HAS ALCOHOL SERVICE DURING SEASON APPROPRIATE MONTHS.
Will there be live entertainment (music or dancing) on premise? If yes, explain. If yes, a cabaret license is required.	YES, THERE WILL BE LIVE MUSIC INSIDE HOTEL LOBBY/RESTAURANT/BAR AREAS.
Do you have off-street parking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many parking spaces? <u>50-owned by building next door but leased to Hotel by current owner but in negotiations to move contract to us as the new owner.</u> If no, how will parking be accommodated. guests will need to find their own parking if leased lot is full with local parking areas.
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.	

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.

Signature

Date

11/26/25

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

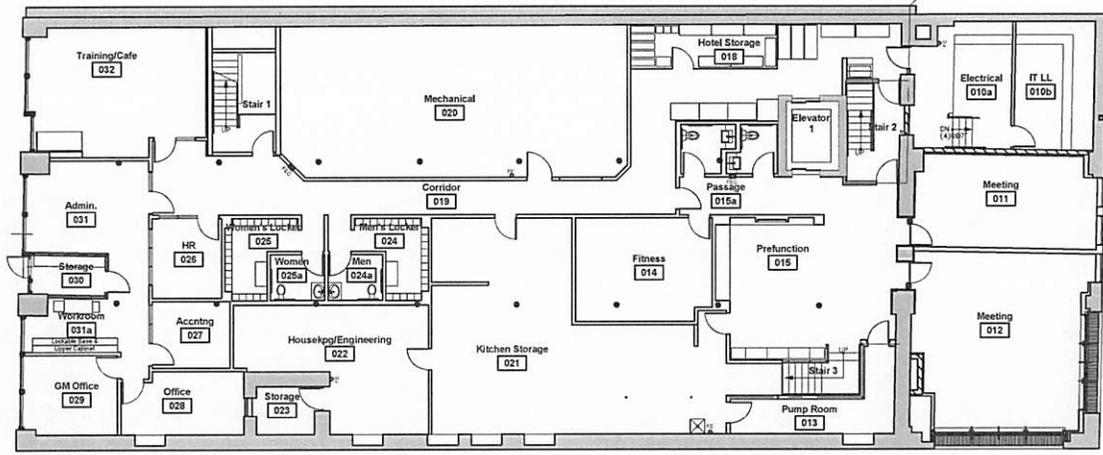
APPROVALS

MANAGEMENT

REAL ESTATE

LEASING

DEVELOPMENT



1 LOWER FLOOR PLAN
Scale: 1/8" = 1'

DESIGN OFFICE:	DESIGN NUMBER:
H331	18/31/2025

WILAC101
101 STATE ST
LACROSSE, WI 54601
PROPERTY NAME: **CHARMANT HOTEL**

PROJECT NAME: **LOWER FLOOR PLAN**

PROJECT NUMBER: **A100**

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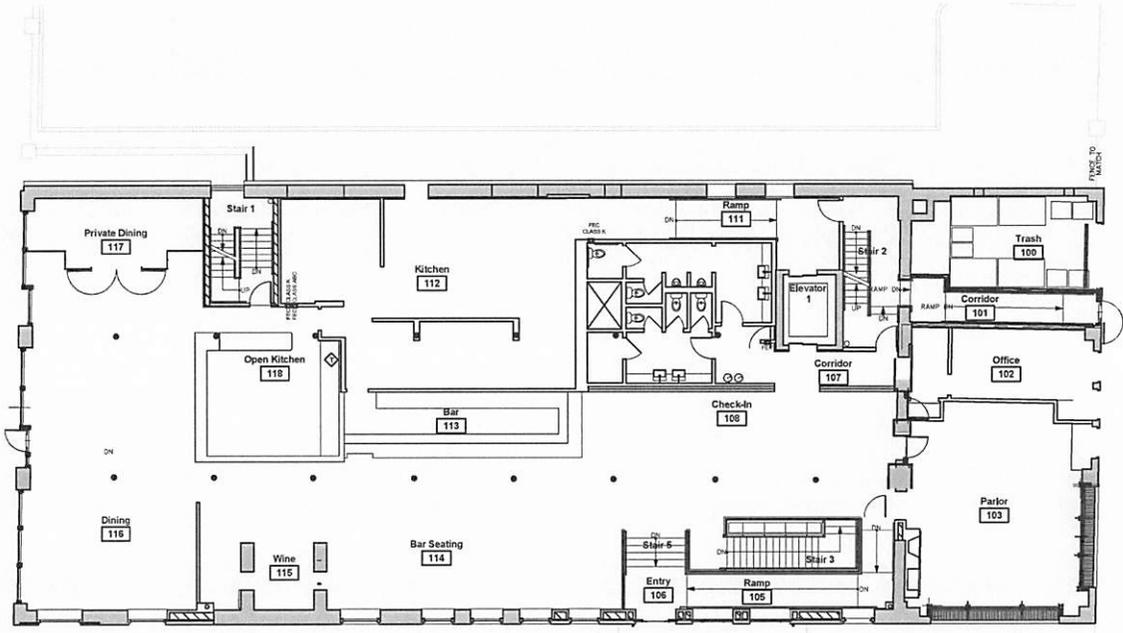
APPROVALS

MANAGEMENT

REAL ESTATE

LEASING

DEVELOPMENT



1 FLOOR 1 PLAN
Scale: 1/8" = 1'

DESIGNED BY:	DATE:
NRH	12/23/2023

WILAC101
101 STATE ST
LACROSSE, WI 54601

PROJECT NAME:
CHARMANT HOTEL

SHEET NO:
FLOOR 1 PLAN

SHEET NUMBER:
A101

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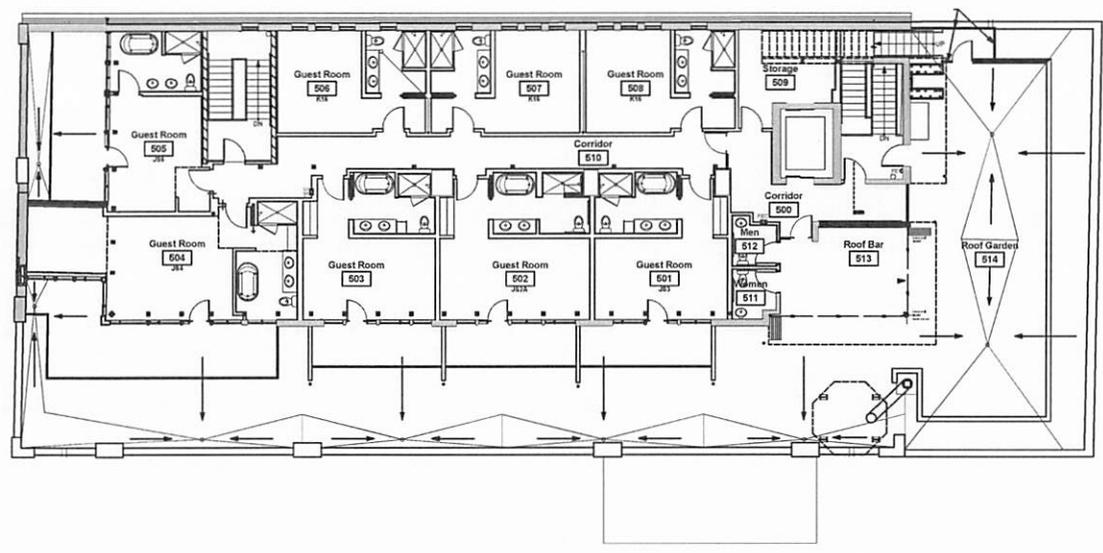
APPROVALS

MANAGEMENT

REAL ESTATE

LEASING

DEVELOPMENT



1 FLOOR 5 PLAN
Scale: 1/8" = 1'

DESIGNED BY	DATE
NR36	12/12/2015

WILAC101
101 STATE ST
LACROSSE, WI 54601

PROPERTY NAME
CHARMANT HOTEL

DRAWN BY
FLOOR 5 PLAN

SHEET NUMBER
A105

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) CHARMANT OPERATIONS, LLC			
2. Business Trade Name or DBA THE CHARMANT HOTEL			
3. FEIN 39-4932471		4. Wisconsin Seller's Permit Number 456-1032203114-04	
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. State of Organization WISCONSIN		7. Date of Organization 10/15/2025	8. Wisconsin DFI Registration Number C135734
9. Premises Address 101 STATE STREET			
10. City LA CROSSE		11. State WI	12. Zip Code 54601
13. County LA CROSSE		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: LA CROSSE	15. Aldermanic District 6
16. Premises Phone 608-519-8800		17. Premises Email [REDACTED]	18. Website https://www.thecharmanthotel.com/
19. Premises Description - 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. SOLD/CONSUMED: 67 ROOM HOTEL WITH FULL SERVICE RESTAURANT AND ROOFTOP TERRACE. STORED: STORED BEHIND BAR AND IN BASEMENT RECORDS: KEPT IN GM'S OFFICE			
20. Mailing Address (if different from premises address) ATTN: ANNIE A. 525 THIRD STREET			
21. City BELOIT		22. State WI	23. Zip Code 53511

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 or 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 distributor? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity GERONIMO HOSPITALITY GROUP, LLC	4b. Business Entity FEIN 46-1248188
-----------------------------------------------------------------------	-----------------------------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

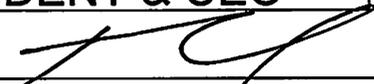
Last Name	First Name	Title	Phone
GERBITZ	ROBERT	PRESIDENT & CEO	
JELINSKI	DREW	SECRETARY	
KRUEGER	KALYNN	AGENT	
SCHUH	KONYA	Manager & Chairperson	

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 GERBITZ	First Name ROBERT	M.I. J.
Title PRESIDENT & CEO	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 11/24/25

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 Appointment of Agent

Date

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)	
CHARMANT OPERATIONS, LLC	
2. Business Trade Name or DBA	
THE CHARMANT HOTEL	
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)	5. If successor agent, provide State Permit or Municipal Retail License Number
<input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	
6. Describe the reason for appointing a successor agent, if successor is checked above.	

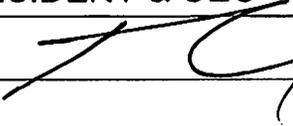
Part B: Agent Information

1. Last Name		2. First Name		3. M.I.	
KRUEGER		KALYNN		E.	
4. Email				5. Phone	
6. Home Address					
2021 PRAIRIE PLACE					
7. City		8. State	9. Zip Code		10. Date of Birth
HOLMEN		WI	54636		
11. Drivers License/State ID Number			12. Drivers License/State ID State of Issuance		
			WISCONSIN		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Submit proof of completion.		
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See instructions for exceptions.		

Continued →

Part D: Business Attestation			
<p>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.</p>			
Last Name GERBITZ		First Name ROBERT	
		M.I. J.	
Title PRESIDENT & CEO		Email [REDACTED]	Phone [REDACTED]
Signature 		Date 11/26/25	

Part E: Agent Attestation			
<p>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.</p>			
Last Name KRUEGER		First Name KALYNN	
		M.I. E.	
Signature 		Date 11/17/2025	

Serving Alcohol

is proud to present this certificate to

Kalynn Krueger

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.



Verify online at
servingalcohol.com

Verification Code
ZobgWv9mnU

Date Issued
May 19th, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Kalynn Krueger

Certification Date: May 19th, 2025

Certificate Code: ZobgWv9mnU

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) CHARMANT OPERATIONS, LLC	
2. Business Trade Name or DBA THE CHARMANT HOTEL	
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 SCHUH		2. First Name KONYA		3. M.I. D.
4. Relationship to Business (Title) CHAIRMEMBER		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 2365 NORTH PARKER DRIVE				
8. City JANESVILLE		9. State WI	10. Zip Code 53545	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

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) 12/1977
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
2365 NORTH PARKER DRIVE	JANESVILLE	WI	53545
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
WI	ROCK		
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 <i>Kaya Schuff</i>	Date <i>11/20/25</i>
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Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) CHARMANT OPERATIONS, LLC				
2. Business Trade Name or DBA THE CHARMANT HOTEL				
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 GERBITZ		2. First Name ROBERT		3. M.I. J.
4. Relationship to Business (Title) PRESIDENT & CEO		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 34 S. PARK STREET				
8. City OCONOMOWOC		9. State WI	10. Zip Code 53066	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 56 YEARS	Months 6 MOS.
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 34 S. PARK STREET		City OCONOMOWOC		State WI	Zip Code 53066
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 WI	County WAUKESHA	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

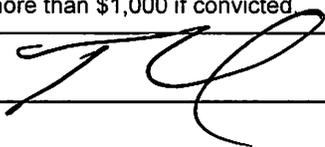
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach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

Law/Ordinance Violated	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

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Signature 	Date 11/20/25
-----------------------------------------------------------------------------------------------	------------------

Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) CHARMANT OPERATIONS, LLC			
2. Business Trade Name or DBA THE CHARMANT HOTEL			
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 JELINSKI		2. First Name DREW		3. M.I. S.	
4. Relationship to Business (Title) SECRETARY		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address 1825 SHERIDAN DRIVE					
8. City MADISON		9. State WI	10. Zip Code 53704		11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN		

Part C: Address History						
1. Do you currently reside in Wisconsin?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					Years 42	Months 0
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1		City		State	Zip Code	
1825 SHERIDAN DRIVE		MADISON		WI	53704	
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	County	State
WI	DANE					
State	County	State	County	State	County	State

Continued →

Part D: Criminal History

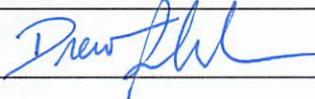
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach 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 11/20/2025

Alcohol Beverage Individual Questionnaire

Date 11/14/2025

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>Chakmant Hotel LLC (The)</u>
2. Business Trade Name or DBA	<u>The Chakmant Hotel</u>
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>KNEACK</u>	<u>Kalynn</u>	<u>E</u>	
4. Relationship to Business (Title)	5. Email	Phone	
<u>Agent/ General Manager</u>	[REDACTED]	[REDACTED]	
7. Home Address			
<u>2021 Prairie Pl</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Holmen</u>	<u>WI</u>	<u>54636</u>	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		<u>WI</u>	

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) <u>05/1989</u>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
<u>N7049 Elizabeth Dr.</u>	<u>Holmen</u>	<u>WI</u>	<u>54636</u>				
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	County	State	County
	<u>NA</u>						
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	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 11/14/2025
--------------------------------------------------------------------------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) GERONIMO HOSPITALITY GROUP, LLC	
2. Business Trade Name or DBA	
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 SCHUH	2. First Name KONYA	3. M.I. D.	
4. Relationship to Business (Title) CHAIRMEMBER	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address 2365 NORTH PARKER DRIVE			
8. City JANESVILLE	9. State WI	10. Zip Code 53545	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WISCONSIN	

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) 12/1977
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 2365 NORTH PARKER DRIVE	City JANESVILLE	State WI	Zip Code 53545
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 WI	County ROCK	State	County
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	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 11/25/25
-----------------------------------------------------------------------------------------------	---------------

Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) GERONIMO HOSPITALITY GROUP, LLC	
2. Business Trade Name or DBA	
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 GERBITZ		2. First Name ROBERT		3. M.I. J.
4. Relationship to Business (Title) PRESIDENT & CEO		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address 34 S. PARK STREET				
8. City OCONOMOWOC		9. State WI	10. Zip Code 53066	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 56 YEARS	Months 6 MOS.
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 34 S. PARK STREET		City OCONOMOWOC		State WI	Zip Code 53066
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 WI	County WAUKESHA	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

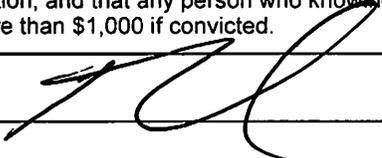
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach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

Law/Ordinance Violated	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
	11/26/25

Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) GERONIMO HOSPITALITY GROUP, LLC	
2. Business Trade Name or DBA	
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 JELINSKI	2. First Name DREW	3. M.I. S.			
4. Relationship to Business (Title) SECRETARY	5. Email [REDACTED]	6. Phone [REDACTED]			
7. Home Address 1825 SHERIDAN DRIVE					
8. City MADISON	9. State WI	10. Zip Code 53704	11. Date of Birth [REDACTED]		
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WISCONSIN			

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years 42</td> <td style="width: 50%; text-align: center;">Months 0</td> </tr> </table>	Years 42	Months 0		
Years 42	Months 0						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 1825 SHERIDAN DRIVE	City MADISON	State WI	Zip Code 53704				
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 WI	County DANE	State	County	State	County	State	County
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	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 *Drew Fedal* Date 11/20/2025

Alcohol Beverage Individual Questionnaire

Date

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) GERONIMO HOSPITALITY GROUP, LLC	
2. Business Trade Name or DBA	
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 WHITEMAN		2. First Name JEFFERY		3. M.I. E.	
4. Relationship to Business (Title) CHIEF OPS OFFICER		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address N7426 CARRIAGE DRIVE					
8. City ELKHORN		9. State WI	10. Zip Code 53121	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN		

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) 02/2015
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
W4723 BRIAR LANE		ELKHORN		WI		53121	
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	County	State	County
OR	Multnomah						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

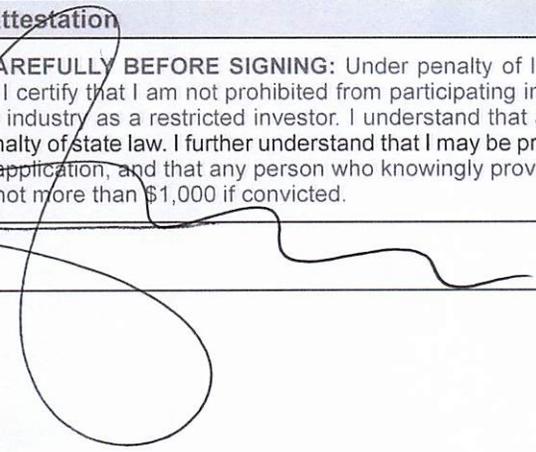
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach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

Law/Ordinance Violated	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

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Signature  Date 11/25/25

SURRENDER OF LICENSE
Part II

12/16/2025

Date

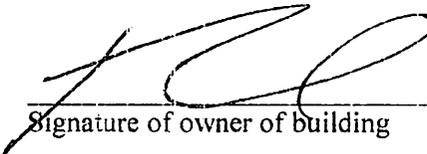
City Clerk
400 La Crosse St.
La Crosse, WI 54601

This is to notify you that I am the owner of the building located at 101 STATE STREET, LA CROSSE, WI 54601, La Crosse, Wisconsin.

I have entered into a lease for the above property effective 12/10/2025 with CHARMANT REAL ESTATE, LLC. *(Strike sentence if not applicable.)*

Further, this letter is to document that said owner or tenant has control of the premises, and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,


Signature of owner of building

Printed name of owner: ROBERT J. GERBITZ

Home address of owner: 34 S. PARK STREET
OCONOMOWOC, WI 53066

Daytime phone number of owner: ██████████

Office of City Clerk



December 26, 2025

ATTN: ANNIE ALBRECHT
CHARMANT OPERATIONS LLC
101 STATE ST
LA CROSSE WI 54601

Dear Annie,

Our office is in receipt of the application for the Original Combination "Class B" Beer & Liquor and Indoor Cabaret Licenses for CHARMANT OPERATIONS LLC at 101 State Street.

The application will be considered at the following meetings:

Judiciary & Administration Committee

**Tuesday, January 6, 2026, 4:00 p.m.
Council Chambers, City Hall - 400 La Crosse St.**

Common Council

**Thursday, January 8, 2026, 6:00 p.m.
Council Chambers, City Hall - 400 La Crosse St.**

It is recommended 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 November (File # 26-0002).

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: Annie Albrecht Annie.Albrecht@hendricksgroup.net