



# City of La Crosse, Wisconsin

## ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL

Rev. 10/2025

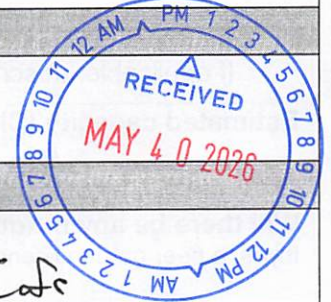
(Ch. 4, secs. 4-72 & 4-142)

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):

M.E.P. Hospitality, LLC

Trade Name:

Flatiron Cafe

Address:

Street

City

State

Zip Code

321 State St.

La Crosse

WI

54601

Telephone Number:

Email:

Website:

www.flatironlax.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:

We are open (July 1st)

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 \_\_\_\_\_

Hours of Operation:

Tues-Thursday 11am-8pm Friday & Saturday 11am-9pm

Anticipated Number of Employees:

8-10

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

T. I. P. S

Other Business to Be Conducted on Premise:

No

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

% Alcohol % Food % Other

If applicable, describe "Other":

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

Indoor 45 per.

Outdoor, if applicable 25 per.

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,

Will there be live entertainment (music or dancing) on premise? If yes, explain.

If yes, a cabaret license is required.

No

Do you have off-street parking?  Yes  No

If yes, how many parking spaces? lot in belle square

If no, how will parking be accommodated.

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

5/4/25

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

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 ..... \$ 100  
 "Class A" Liquor ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>M.E.P. Hospitality, LLC</u>			
2. Business Trade Name or DBA <u>Flatiron Cafe</u>			
3. FEIN <u>39-4694522</u>		4. Wisconsin Seller's Permit Number <u>456-1037282059-02</u>	
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 <u>WI</u>		7. Date of Organization <u>10/25</u>	8. Wisconsin DFI Registration Number <u>M139374</u>
9. Premises Address <u>321 State Street</u>			
10. City <u>La Crosse</u>		11. State <u>WI</u>	12. Zip Code <u>54601</u>
13. County <u>La Crosse</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>La Crosse</u>	15. Aldermanic District <u>12th</u>
16. Premises Phone [REDACTED]		17. Premises Email [REDACTED]	18. Website <u>www.flatironlax.com</u>
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. <u>Commercial Restaurant Space in Belle Square building. Restaurant space in front, kitchen &amp; storage in rear. Records will be kept in office, Beer &amp; Wine in designated Storage Area.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. 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. <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 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 \_\_\_\_\_ 4b. Business Entity FEIN \_\_\_\_\_

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

**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: Doolley First Name: Matthew M.I.: Z  
 Title: Co-owner Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: [Signature] Date: 4/13/26

**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

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)	M.E.P. Hospitality
2. Business Trade Name or DBA	Flatiron Cafe
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	2. First Name	3. M.I.	
Dooley	Matthew	Z	
4. Relationship to Business (Title)	5. Email	6. Phone	
owner	[REDACTED]	[REDACTED]	
7. Home Address			
3122 25th St S			
8. City	9. State	10. Zip Code	11. Date of Birth
La Crosse	WI	54601	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		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) 08/20
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
738 Hillview Ave	LaCrosse	WI	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
GA	DeKalb	GA	Fulton
GA	Forsyth		
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 5/4/26

# Alcohol Beverage Appointment of Agent

Date 5/4/20

**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) <u>M.E.P. Hospitality</u>	
2. Business Trade Name or DBA <u>Flatiron Cafe</u>	
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 <u>Dooly</u>	2. First Name <u>Matthew</u>	3. M.I. <u>Z</u>
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address <u>3122 25th St S</u>		
7. City <u>LaCrosse</u>	8. State <u>WI</u>	9. Zip Code <u>54601</u>
10. Date of Birth [REDACTED]		11. Drivers License/State ID Number [REDACTED]
12. Drivers License/State ID State of Issuance <u>WI</u>		

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input 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 <i>Dooley</i>	First Name <i>Matthew</i>	M.I. <i>Z</i>
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>[Signature]</i>	Date <i>05/4/26</i>	

**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 <i>Dooley</i>	First Name <i>Matthew</i>	M.I. <i>Z</i>
Signature <i>[Signature]</i>	Date <i>05/4/26</i>	

# Alcohol Beverage Individual Questionnaire

Date 5/9/26

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.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <u>M.E.P. Hospitality, LLC</u>			
2. Business Trade Name or DBA <u>Flation Cafe'</u>			
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

<b>Part B: Individual Information</b>				
1. Last Name <u>Michaels</u>		2. First Name <u>Patrick</u>		3. M.I. <u>D.</u>
4. Relationship to Business (Title) <u>Owner</u>		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address <u>2922 26th St. South</u>				
8. City <u>La Crosse</u>		9. State <u>WI</u>	10. Zip Code <u>54601</u>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of issuance <u>WI</u>	

<b>Part C: Address History</b>							
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>05/2019</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	
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>NE</u>	<u>Douglas</u>						
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

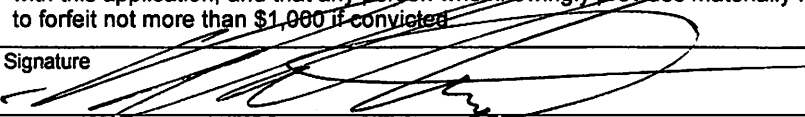
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? .....  Yes  No  
 If yes to question 1, please list details of each conviction below.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

Law/Ordinance Violated <b>DUI</b>	Location <b>Scottsbluff, NE</b>	Conviction Date <b>2004</b>
Penalty Imposed <b>Probation</b>	Was sentence completed? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated <b>Hindery Arrest / False Infor Makin</b>	Location	Conviction Date <b>BURRIDGE 2004</b>
Penalty Imposed <b>Probation, 14 days Jail</b>	Was sentence completed? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated <b>DUI</b>	Location <b>Lincoln, NE</b>	Conviction Date <b>2007</b>
Penalty Imposed <b>Probation, 40 days Jail</b>	Was sentence completed? ..... <input checked="" 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 <b>5/4/26</b>
--	-----------------------