

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 15th 20 14 ;
ending June 30th 20 15 ;

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of LA CROSSE

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

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): LD'S EAGLES NEST 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	Home Address	Post Office & Zip Code
President/Member	<u>MEMBER</u>	<u>Jon C. Erickson</u>	<u>W5924 RIM OF THE CITY RD</u>	<u>LACROSSE WI 54601</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Jon Christopher Erickson</u>	<u>W5924 RIM OF THE CITY RD, LACROSSE WI 54601</u>	
Directors/Managers				

3. Trade Name THE EAGLES NEST Business Phone Number 608-782-7764
4. Address of Premises 1914 CAMPBELL RD Post Office & Zip Code LACROSSE WI 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 employee 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 7/14 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.) 1914 Campbell Rd Lacrosse WI 54601
10. Legal description (omit if street address is given above): Entire first floor of one-story building, // First floor and 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? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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

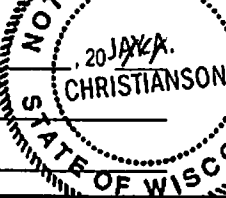
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to laws and the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign. Corporate officer(s), members/managers 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of July

[Signature]
(Clerk/Notary Public)

My commission expires 3-13-2016



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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/30/14</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>47-1116862</u>
LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>91.74</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☒ Class B liquor	\$ <u>458.37</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>570.11</u>

CITY OF LA CROSSE, WI
General Billing - 200054 - 2014
000953-0025 Mark P. P.
1-888-2-NUDGE
07/31/2014
08:48AM

**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 ☒ City of LACROSSE County of LACROSSE

The undersigned duly authorized officer(s)/members/managers of LDS EAGLES NEST 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 EAGLES NEST
(trade name)

located at 1914 CAMPBELL RD LACROSSE WI 54601

appoints JOHN C. ERICSON
(name of appointed agent)

W5924 Rm OF THE CIM RD LACROSSE WI 54601
(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).

FREIGHTHOUSE RESTAURANT (VINE STREET GROUP LLC) LACROSSE WI

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? 20 YRS

Place of residence last year W5924 Rm OF THE CIM RD LACROSSE WI 54601

For: LDS EAGLES NEST LLC
(name of corporation/organization/limited liability company)

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

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, JOHN C. ERICSON, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 7-30-14 Agent's age _____
(signature of agent) (date)
W5924 Rm OF THE CIM RD LACROSSE 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)

Original: X
Renewal:

License Fee: \$100.00
Invoice #: 200054

APPLICATION FOR INDOOR CABARET LICENSE

Legal/Real Name: LD'S EAGLES NEST LLC
Address of above: W5924 Rim of the City Rd
Trade name of business: The Eagles Nest
Address of premises to be licensed: 1914 CAMPBELL Rd
Wisconsin Seller's Permit #:
Business phone number: 608-782-7764
Detailed description of cabaret area to be licensed: Entire first floor of one-story building.
Premises are owned by: VSC Corporation
Address of owner: 2418 STATE RD, LA CROSSE WI 54601
Name of Cabaret Manager: Jon Christopher Erickson
(FIRST, FULL MIDDLE & LAST)
Home address of Cabaret Manager: W5924 Rim of the City Rd, La Crosse
Home phone number of Cabaret Manager: 608-792-4188
Daytime phone number of Cabaret Manager:
Date of Birth of Cabaret Manager:
Was the above person listed as manager on last year's application? Yes No X
Other business to be conducted upon the premises: Sale of food and alcoholic beverages
Nature of entertainment: Live Music
License Period: Aug. 15, 2014 to June 30th, 2015

The above hereby makes application for a license to operate an Indoor Cabaret at above address within the City of La Crosse pursuant to provisions of Chapter 20 Code of Ordinances for the City of La Crosse.

 7-30-14
(Signature of applicant & date)

OFFICE USE ONLY:

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: Munis Customer #: License#:

CITY OF LA CROSSE, WI.
General Billing - 200054 - 2014
000953-0025 Mark P. 07/31/2014 08:48AM
1649875 LD'S EAGLES NEST LLC
Payment Amount: 670.11