

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____
<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class C" Wine \$ _____
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____
<input checked="" type="checkbox"/> "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____
<input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|---|--|

License Fees	\$200.04
Publication Fee	\$20.00
Background Check	\$
Total Fees	\$240.04

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) The Blue Zone Pickleball, LLC		
2. Trade Name or DBA The Blue Zone Pickleball		
3. Premises Address 2500 Rose St.		
4. County La Crosse	5. Municipality La Crosse	6. Aldermanic District 1
7. Mailing Address (if different from premises address)		
8. FEIN 99-0461313	9. Wisconsin Seller's Permit Number 456103155663904	
10. Premises Phone (608) 618-1000	11. Premises Email thebluezonepickleball@gmail.com	
12. 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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. The premises is located at 2500 Rose St, La Crosse, WI and includes the lobby, party room, court area, storage room, and office of the 55,000 square foot building.		

Part B: Questions	
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... If yes, please explain using the space below. Attach additional sheets if necessary.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 01/02/20
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Page	Agent's First Name Todd	Phone (608) 343-8803

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

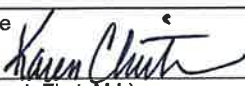
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
✓ Page	Todd	Member	(608) 343-8803
✓ Page	Debra	Member	(608) 343-8840
✓ Beyer	Rick	Member	608-790-2070
✓ Jensen-Beyer	Michelle	Member	608-317-2949
✓ Christenson	Jimmer	Member	608-386-4395
✓ Christenson	Karen	Member	608-498-6343

Part E: Attestation

Who must sign this application?
 sole proprietor one general partner of a partnership one corporate officer one managing 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.

Signature 	Date 02/21/2024	
Name (Last, First, M.I.) Christenson, Karen, L		
Title Member	Email christensonk@westerntc.edu	Phone (608) 386-4395

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of La Crosse County of La Crosse
 City

The undersigned duly authorized officer/member/manager of The Blue Zone Pickleball, 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 Blue Zone Pickleball
(Trade Name)

located at 2500 Rose St.

appoints Karen Christenson
(Name of Appointed Agent)
N3498 Sunset Lane, La Crosse, WI
(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 *holds beer of license*

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 26 years

Place of residence last year N3498 Sunset Lane, La Crosse, WI

For: The Blue Zone Pickleball
(Name of Corporation / Organization / Limited Liability Company)

By: Karen Christenson
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Karen Christenson, 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.

Karen Christenson 2/21/2024 Agent's age 51
(Signature of Agent) (Date)

N3498 Sunset Lane, La Crosse, WI Date of birth [REDACTED]
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)