

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning January 9 20 15
 ending June 30 20 15

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } La Crosse

County of La Crosse 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): Berlin Enterprises, Inc.

-02

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-1028501959147-2432939</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>50.04</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$ <u>250.02</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$

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.

President/Member <u>President</u>	Name <u>John David Berger</u>	Home Address <u>1416 William Drive</u>	Post Office & Zip Code <u>Onalaska, WI 54650</u>
Vice President/Member _____			
Secretary/Member _____			
Treasurer/Member _____			
Agent ▶ <u>David John Berger</u>		<u>1416 William Dr</u>	<u>Onalaska</u>
Directors/Managers <u>none</u>			

3. Trade Name ▶ Sloopy's + Alma Mater Business Phone Number 608-780-4974
 4. Address of Premises ▶ 163 Copeland Avenue Post Office & Zip Code ▶ 54603

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 12/2/2014 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.) Main floor and Basement of 163 Copeland Avenue, La Crosse, WI

10. Legal description (omit if street address is given above): sale storage
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? Sloopy's Bar & Grill, Inc.
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 law and that 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 10 day of December, 20 14

[Signature]
 (Clerk/Notary Public)

My commission expires permanant

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12/10/14</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Berger		David		John	
Home Address (street/route)		Post Office	City	State	Zip Code
1416 William Drive		—	Onalaska	WI	54650
Home Phone Number		Age	Date of Birth	Place of Birth	
608-780-4974				La Crosse	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- President of Bercin Enterprises, Inc.
(Officer/Director/Member/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 66 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Bertry Ent., Inc	163 Copeland Ave	July 1980	JUNE 30-2009
Employer's Name	Employer's Address	Employed From	To
Dura-Tech	3216 Commerce	May 2011	STILL THERE

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 10th day of December, 2014

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires permanent



Printed on Recycled Paper

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

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

To the governing body of: Town Village of LaCrosse County of LaCrosse
 City

The undersigned duly authorized officer(s)/members/managers of Bercin Enterprises, Inc.
(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 Sloopy's, Alma Mater
(trade name)

located at 163 Copeland Avenue, LaCrosse, WI 54603

appoints David Berger
(name of appointed agent)

1416 Williams Drive, Onalaska, WI 54650
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein, is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 66

Place of residence last year 1416 Williams Dr, Onalaska, WI 54650

For: Bercin Enterprises, Inc.
(name of corporation/organization/limited liability company)

By: David Berger
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, David Berger, 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.

David Berger 12/03/2014 Agent's age _____
(signature of agent) (date)

1416 Williams Drive, Onalaska, WI 54650 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 12/12/14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

SURRENDER OF LICENSE

Part I

Legal/Real Name of Current Licensee: Sloopy's Bar & Grill, Inc.
Premises Address: 163 Copeland Avenue, La Crosse, WI 54603
Trade Name: Sloopy's

This is to advise that the undersigned is surrendering the following license(s)

Combination Class B Beer & Liquor

Class "B" Beer

Class "A" Beer and/or "Class A" Liquor (circle which apply)

Wholesale Beer

"Class C" Wine

to: Berein Enterprises, Inc d/b/a Sloopy's Alma Mater
(Insert Legal/Real Name of Proposed Licensee and Trade Name)

and understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

David Berger
President, Member, Partner, Individual David Berger

Secretary, Member, Partner

Current Licensee

Mark Goede
President, Member, Partner, Individual Mark Goede

Jacqueline Miller
Secretary, Member, Partner Jacqueline Miller

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

On the 4th day of December, 2014, personally came before me Mark Goede and Jacqueline Miller, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Current Licensee and acknowledged that s/he executed the foregoing document.

Stephen M. Lundquist
Notary Public
LaCrosse County, Wisconsin
My Commission expires: 1-24-2016

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

On the 10th day of December, 2014, personally came before me David Berger, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the Proposed New Applicant and acknowledged that s/he executed the foregoing document.

[Signature]
Notary Public
LaCrosse County, Wisconsin
My Commission expires: permanently

SURRENDER OF LICENSE
Part II

12/10/2014
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
163 Copeland Avenue, La Crosse, Wisconsin.

I have entered into a lease for the above property effective 12/10/2014 with
Berlin Enterprises, Inc, d/b/a Sloopy's. (Strike sentence if not applicable.)
Mama Mater

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,

David Berger
Signature of owner of building

Printed name of owner: David Berger

Home address of owner: 1416 William Dr, Onalaska, WI 54650

Daytime phone number of owner: 608-780-4974