



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Meeting Agenda - Final

### Judiciary & Administration Committee

---

Tuesday, January 6, 2026

4:00 PM

Council Chambers  
City Hall, First Floor

---

This meeting is open for in-person attendance and will also be available through video conferencing. The meeting can be viewed (no participation) by visiting the Legislative Information Center Meetings calendar (<https://cityoflacrosse.legistar.com/Calendar.aspx>) - find the scheduled meeting and click on the "In Progress" video link to the far right in the meeting list.

Public comment is limited to agenda items; statements shall be restricted to the subject matter. If you wish to speak on an agenda item, please register in advance:

- Register online at <https://www.cityoflacrosse.org/city-services/meeting-registration>
- Contact the City Clerk's Office no later than 4:00p on the day of the meeting, with the following information: name, municipality of residence, if you are representing an organization or a person other than yourself at the meeting, and if you are speaking in favor, opposition or neutral.
- Sign up in person no less than ten (10) minutes before the start of the meeting.

If attending virtual and you wish to speak, contact the City Clerk's Office and we will provide you with the information necessary to join the meeting. Call 608-789-7510 or email [cityclerk@cityoflacrosse.org](mailto:cityclerk@cityoflacrosse.org).

*Public hearings shall be limited to 30 minutes when there are opposing viewpoints from the public. In the absence of opposing viewpoints, public hearings are limited to 15 minutes. Individual speakers shall speak no more than three (3) minutes unless waived by the Chair or a majority of the committee.*

*Members of the public who would like to provide written comments on any agenda may do so by emailing [cityclerk@cityoflacrosse.org](mailto:cityclerk@cityoflacrosse.org), using a drop box outside of City Hall or mailing to City Clerk, 400 La Crosse Street, La Crosse WI 54601.*

### Call To Order

### Roll Call

### Agenda Items:

#### NEW BUSINESS

##### [25-1370](#)

Resolution rescinding Resolution No. 2009-08-022 and discontinuing invocation procedures for Common Council meetings.

Sponsors: Mindel

##### [25-1405](#)

AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Residence District to the Special Residence District, allowing for the property at 1701 Onalaska Ave. & 1509 Rublee St. to return to use as a triplex.

*Public Hearing.*

- [25-1469](#) AN ORDINANCE to amend Secs. 10-393 and 10-394 of the Code of Ordinances of the City of La Crosse to include definitions and an exemption for community pantries on private property.  
**Sponsors:** Trost
- [25-1471](#) Resolution requesting that the Wisconsin Department of Transportation develop additional project alternatives for the Highway 53 Corridor Study that maintain on-street parking and add bicycle facilities.  
**Sponsors:** Kahlow and Slezniow
- [26-0002](#) Various license applications pursuant to Chapters 4, 6, and/or 10 of the La Crosse Municipal Code for the license period 2025-2026 (January).

## Adjournment

*Notice is further given that members of other governmental bodies may be present at the above scheduled meeting to gather information about a subject over which they have decision-making responsibility.*

### **NOTICE TO PERSONS WITH A DISABILITY**

*Requests from persons with a disability who need assistance to participate in this meeting should call the City Clerk's office at (608) 789-7510 or send an email to [ADAcityclerk@cityoflacrosse.org](mailto:ADAcityclerk@cityoflacrosse.org), with as much advance notice as possible.*

### **Judiciary & Administration Committee Members:**

**Tamra Dickinson, Olivia Stine, Gary Padesky, Mackenzie Mindel, Jennifer Trost, Crystal Bedford, Lisa Weston**



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 25-1370

---

**Agenda Date:** 1/6/2026

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Resolution

**Agenda Number:**

Resolution rescinding Resolution No. 2009-08-022 and discontinuing invocation procedures for Common Council meetings.

RESOLUTION

WHEREAS, Resolution No. 2009-08-022 set forth invocation procedures for Common Council meetings.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of La Crosse that it hereby rescinds Resolution No. 2009-08-022 and discontinues invocation procedures for Common Council meetings.

BE IT FURTHER RESOLVED that the City Clerk and any other City staff are hereby authorized to take any and all steps necessary to effectuate this resolution.





# ***CITY OF LA CROSSE***

400 La Crosse Street  
La Crosse, Wisconsin 54601  
(608) 789-CITY  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

## **LEGISLATION STAFF REPORT FOR COUNCIL**

File ID                      Caption

Staff/Department Responsible for Legislation

Requestor of Legislation

Location, if applicable

Summary/Purpose

Background

Fiscal Impact

Staff Recommendation



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

**File Number: 25-1405**

---

**Agenda Date:** 1/6/2026

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Ordinance

**Agenda Number:**

ORDINANCE NO.: \_\_\_\_\_

AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Residence District to the Special Residence District, allowing for the property at 1701 Onalaska Ave. & 1509 Rublee St. to return to use as a triplex.

THE COMMON COUNCIL of the City of La Crosse do ordain as follows:

SECTION I: Subsection 115-110 of the Code of Ordinances of the City of La Crosse is hereby amended by transferring certain property from the Residence District to the Special Residence District on the Master Zoning Map, to-wit:

*Tax Parcel 17-10181-30; 1701 Onalaska Ave & 1509 Rublee St*

SECTION II: Should any portion of this ordinance be declared unconstitutional or invalid by a court of competent jurisdiction, the remainder of this division shall not be affected.

SECTION III: This ordinance shall take effect and be in force from and after its passage and publication.

\_\_\_\_\_  
Shaundel Washington-Spivey, Mayor

\_\_\_\_\_  
Nikki M. Elsen, City Clerk

Passed:  
Approved:  
Published:

PETITION FOR CHANGE TO ZONING  
CITY OF LA CROSSE

AMENDMENT OF ZONING DISTRICT BOUNDARIES

Petitioner (name and address):

Adam Hoffer PO Box 156; Onalaska, WI 54650

Owner of site (name and address):

Hoffer LLC PO Box 156; Onalaska, WI 54650

Address of subject premises:

1701 Onalaska Ave; La Crosse, WI 54603 / 1509 Rublee St

Tax Parcel No.:

17-10181-30

Legal Description (must be a recordable legal description; see Requirements):

Please see attached

Zoning District Classification: R-2 Residence

Proposed Zoning Classification: R-3 - Special Residence

Is the property located in a floodway/floodplain zoning district? ☐ Yes ☐ No

Is the property/structure listed on the local register of historic places? ☐ Yes ☒ No

Is the Rezoning consistent with Future Land Use Map of the Comprehensive Plan? ☒ Yes ☐ No

Is the Rezoning consistent with the policies of the Comprehensive Plan? ☒ Yes ☐ No

Property is Presently Used For:

Duplex/Triplex

Property is Proposed to be Used For:

Triplex

Proposed Rezoning is Necessary Because (Detailed Answer):

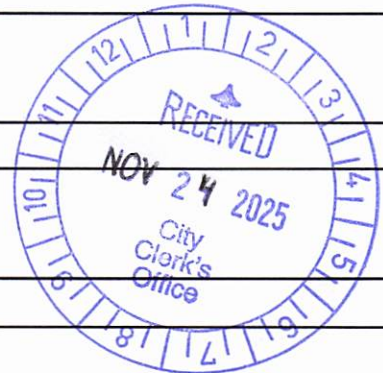
Please see attached.

Proposed Rezoning will not be Detrimental to the Neighborhood or Public Welfare Because (Detailed Answer):

Please see attached.

Proposed Rezoning will not be Detrimental to the City's Long Range Comprehensive Plan Goals, Objectives, Actions and Policies Because (Detailed Answer):

Please see attached.



The undersigned depose and state that I/we am/are the owner of the property involved in this petition and that said property was purchased by me/us on the 24<sup>th</sup> day of November, 2025.

I hereby certify that I am the owner or authorized agent of the owner (include affidavit signed by owner) and that I have read and understand the content of this petition and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.



(signature)

608-797-4086

(telephone)

11/24/25

(date)

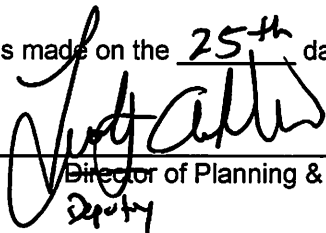
Suzanne@relaxpng.com

(email)

**PETITIONER SHALL, BEFORE FILING, HAVE PETITION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.**

Review was made on the 25<sup>th</sup> day of November, 2025.

Signed:



Director of Planning & Development

Deputy

Part of the SW 1/4 of the NE 1/4 of Section 20, Township 16 North, Range 7 West, City of La Crosse, La Crosse County, Wisconsin, described as follows: Beginning 132 feet South of the Southeast corner of Lot 6 in Block 24 of Losey's Addition to the City of La Crosse; thence North 50 feet; thence West 140 feet; thence South 50 feet; thence East 140 feet to the point of beginning, also known as Lot 3 in Block 1 of Gordon's Addition to the City of La Crosse (unrecorded).

Dear Members of the Zoning Committee,

I am writing to respectfully request that the property located at 1701 Onalaska Ave be permitted to operate as a triplex.

Many years ago, this property was originally zoned and used as a triplex. At some point, a previous owner undertook renovations that extended for more than a year, which resulted in the zoning designation reverting back to a duplex. Despite that change, the building has continued to function as a triplex for multiple years and has changed ownership several times in that same configuration.

Earlier this year, we were contacted by the Building Inspections Department and informed that an order to correct the zoning had been issued to a prior owner. Unfortunately, that correction was never completed. The property was subsequently sold to the current owner as a triplex, and the current owner would like to be in full compliance with city requirements.

Allowing this property to be formally recognized as a triplex will not require any new construction, structural changes, or disruptions to the surrounding neighborhood. It has operated in its current form for many years without issue, and approving this request will support the opportunity for a family to live in a great neighborhood.

We appreciate your time and consideration of this request and welcome any questions or guidance you may have as we work toward compliance.

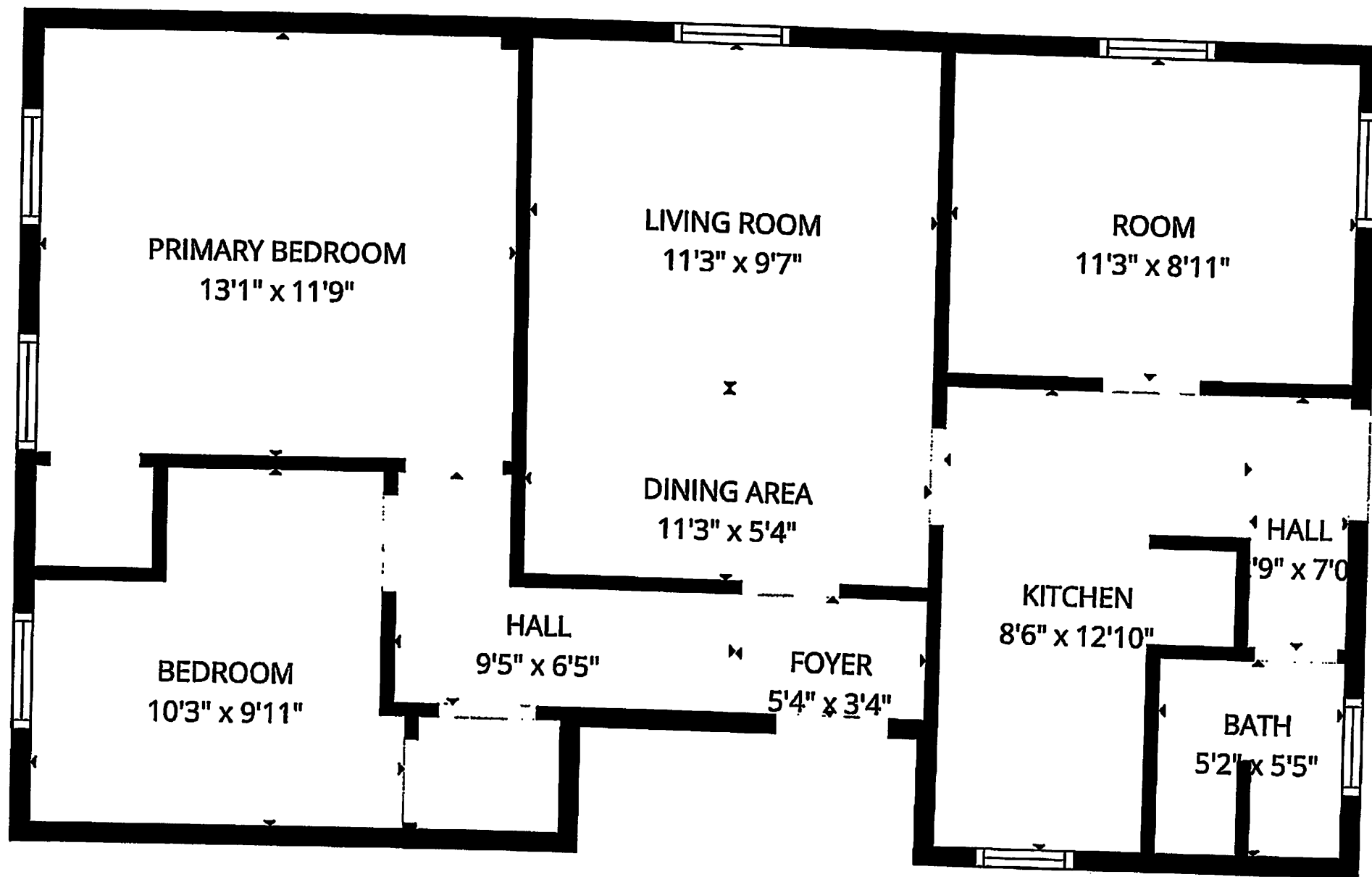
Sincerely,

Suzanne Rauterkus

On behalf of Hoffer, LLC

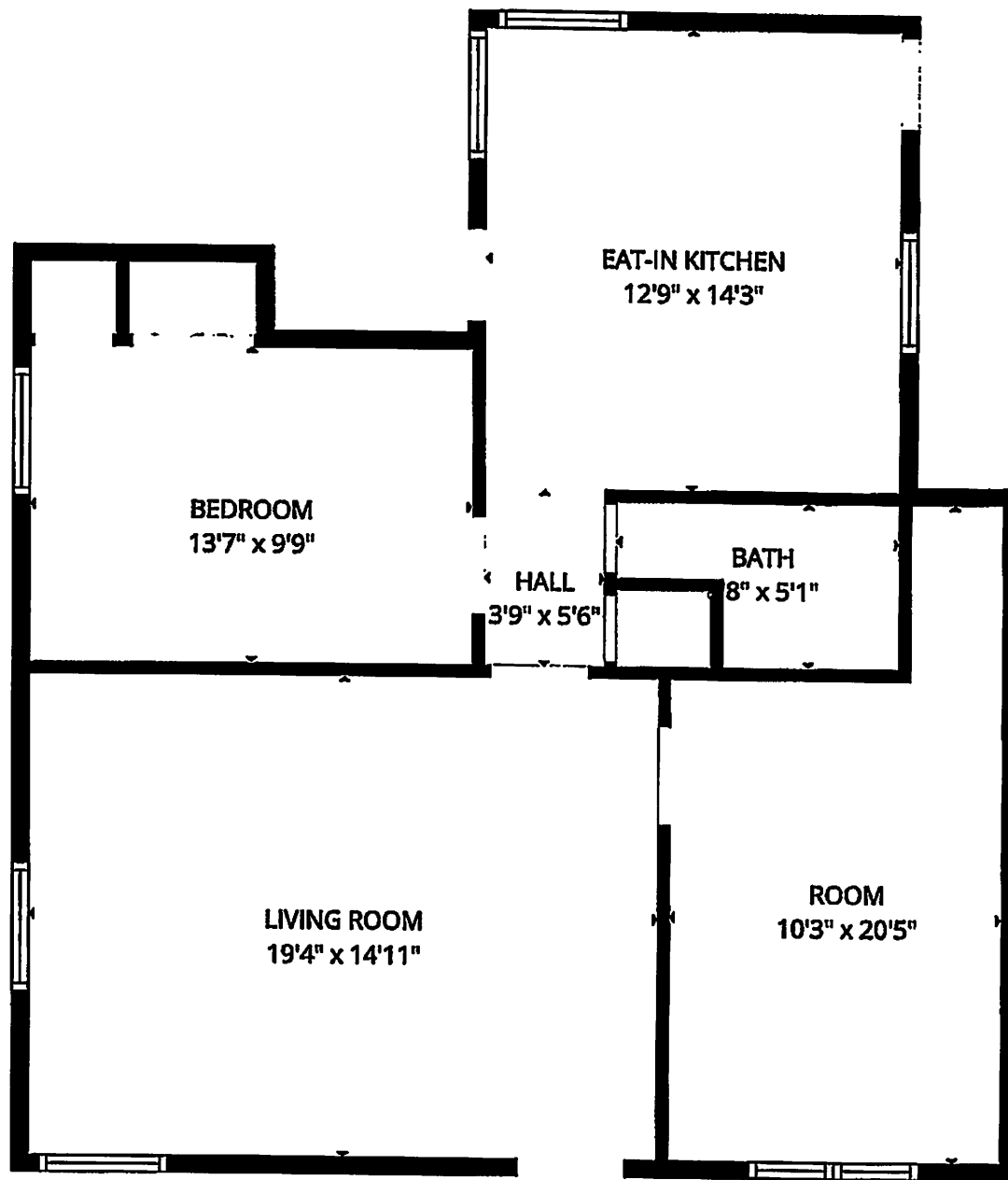
Part of the SW 1/4 of the NE 1/4 of Section 20, Township 16 North, Range 7 West, City of La Crosse, La Crosse County, Wisconsin, described as follows: Beginning 132 feet South of the Southeast corner of Lot 6 in Block 24 of Losey's Addition to the City of La Crosse; thence North 50 feet; thence West 140 feet; thence South 50 feet; thence East 140 feet to the point of beginning, also known as Lot 3 in Block 1 of Gordon's Addition to the City of La Crosse (unrecorded).



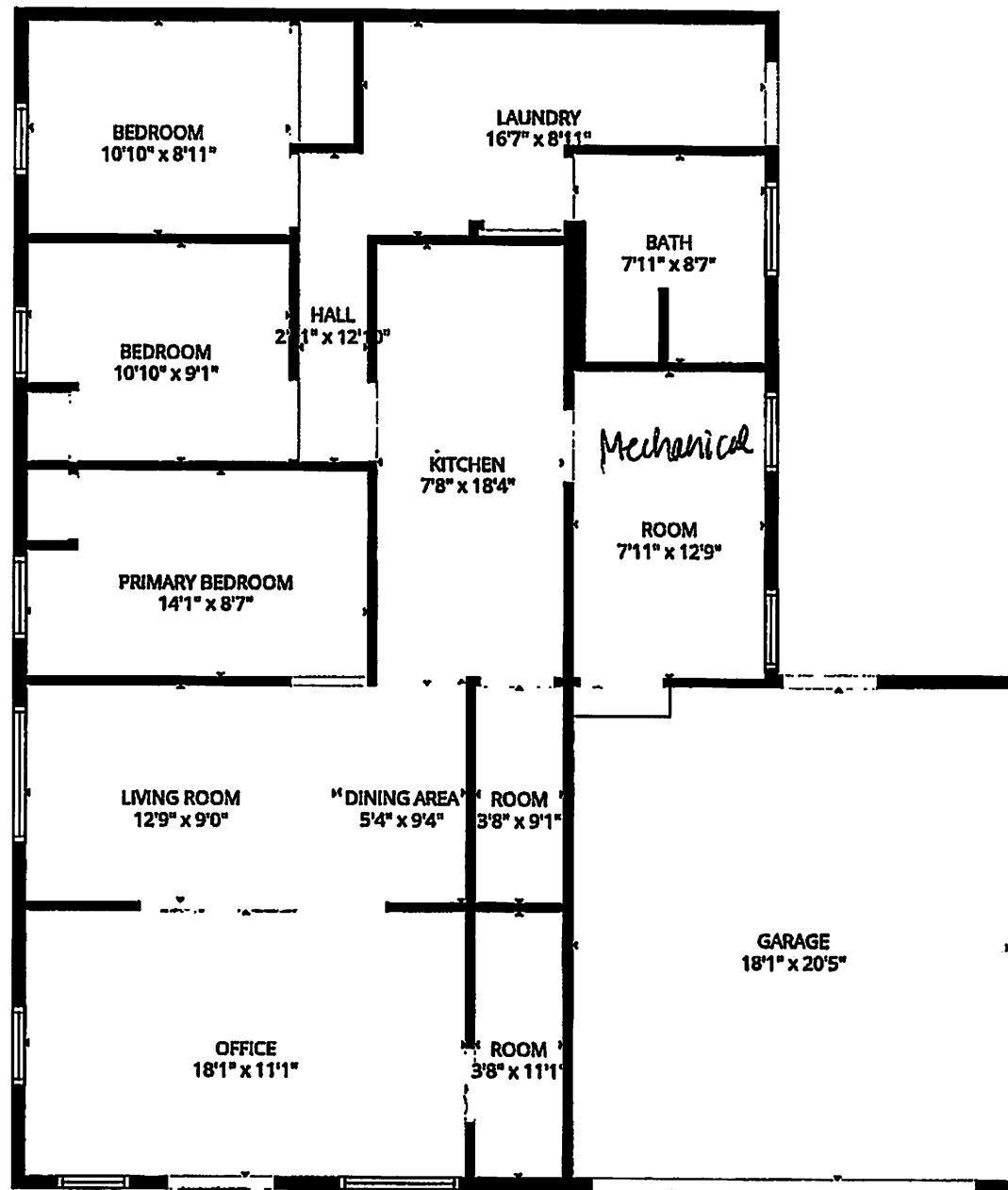


FLOOR PLAN CREATED BY CUBICASA APP. MEASUREMENTS DEEMED HIGHLY RELIABLE BUT NOT GUARANTEED.

*Upper  
apt*



Rublee apt.



*Lower apt.*

FLOOR PLAN CREATED BY CUBICASA APP. MEASUREMENTS DEEMED HIGHLY RELIABLE BUT NOT GUARANTEED.

Tax Parcel	OwnerName	Property Address	Mailing Address	MailCityStateZip
17-10178-30	ANGELA M ONSGARD	1727 PROSPECT ST	1727 PROSPECT ST	LA CROSSE WI 54603
17-10178-130	BARBARA OTTO	1736 PROSPECT ST	1736 PROSPECT ST	LA CROSSE WI 54603
17-10178-10	BARBARA J WRIGHT (LE), DANIELLE L RACHAK	1733 PROSPECT ST	1733 PROSPECT ST	LA CROSSE WI 54603-2248
17-10154-110	BAYLAO J YANG, MAIYA MOUA	1650 ONALASKA AVE	1650 ONALASKA AVE	LA CROSSE WI 54603-2267
17-10246-90	BENJAMIN R GIBSON, ALISON K GIBSON	1710 ONALASKA AVE	1710 ONALASKA AVE	LA CROSSE WI 54603-2206
17-10179-30	BLAIR LEIFKER	1716 PROSPECT ST	1716 PROSPECT ST	LA CROSSE WI 54603
17-10150-20	BRYAN A LEISSO, VICKI D LEISSO	1633 & 1635 PROSPECT ST	25973 MAGNUM RD	ROCKLAND WI 54653
17-10154-120	BURLINGTON NORTHERN RAILROAD COMPANY	1600 RUBLEE ST	PO BOX 961089	FORT WORTH TX 76161-0089
17-10246-110	C&C ENTERPRISE LLC	1700 & 1702 ONALASKA AVE	2200 GERMANN CT	ONALASKA WI 54650
17-10181-20	CAROLYN A RENDLER REVOCABLE LIVING TRUST	1706 PROSPECT ST	1706 PROSPECT ST	LA CROSSE WI 54603
17-10282-26	CITY OF LACROSSE	CREDIT UNION CT	400 LA CROSSE ST	LA CROSSE WI 54601
17-10282-27	CITY OF LACROSSE		400 LA CROSSE ST	LA CROSSE WI 54601
17-10179-40	COEY OLIVER	1712 PROSPECT ST	1712 PROSPECT ST	LA CROSSE WI 54603-2211
17-10246-120	CO-OP CREDIT UNION BLACK RIVER FALLS	1735 CREDIT UNION CT	1735 CREDIT UNION CT	LA CROSSE WI 54603-2354
17-10181-60	GOEHNER INVESTMENTS LLC	1703 PROSPECT ST	PO BOX 1085	LA CROSSE WI 54602-1085
17-10282-25	J GOODMAN INVESTMENTS LLC	1601 RUBLEE ST	1601 RUBLEE ST	LA CROSSE WI 54603
17-10153-80	JAMES PAREMSKI, LINDA PAREMSKI	1636 PROSPECT ST	1636 PROSPECT ST	LA CROSSE WI 54603-2268
17-10181-80	JAMES J COON	1702 & 1704 LOOMIS ST	PO BOX 201	STODDARD WI 54658-0201
17-10153-60	JAMES L KRAFT, SHARON M KRAFT	1646 PROSPECT ST	1646 PROSPECT ST	LA CROSSE WI 54603-2268
17-10181-40	JAMES ROBERT WING JR	1711 PROSPECT ST	1711 PROSPECT ST	LA CROSSE WI 54603-2248
17-10178-90	JEAN LEPSCH	1720 LOOMIS ST	1720 LOOMIS ST	LA CROSSE WI 54603-2202
17-10148-115	JENNIFER A DIVINE	1650 LOOMIS ST	1650 LOOMIS ST	LA CROSSE WI 54603-2266
17-10150-10	JERI IRENE VERHAGEN	1629 PROSPECT ST	1629 PROSPECT ST	LA CROSSE WI 54603-2249
17-10246-60	JOAN M WAGNER	1726 ONALASKA AVE	1726 ONALASKA AVE	LA CROSSE WI 54603-2206
17-10181-50	JOHN R STUTTGEN	1709 PROSPECT ST	1709 PROSPECT ST	LA CROSSE WI 54603-2248
17-10246-50	JOSEPH W KREUZER, NICOLE M SUNDBOOM KREUZER	1730 ONALASKA AVE	1730 ONALASKA AVE	LA CROSSE WI 54603-2206
17-10154-90	JOSHUA R MILLER, APRIL M MILLER	1636 ONALASKA AVE	1636 ONALASKA AVE	LA CROSSE WI 54603-2267
17-10178-70	JUDITH L DIXON	1714 LOOMIS ST	1714 LOOMIS ST	LA CROSSE WI 54603-2202
17-10181-90	JUSTIN S LONGMIRE	1706 LOOMIS ST	1706 LOOMIS ST	LA CROSSE WI 54603-2202
17-10181-70	KAYLEE E KUTIL	1701 PROSPECT ST	1701 PROSPECT ST	LA CROSSE WI 54603-2248
17-10153-70	KENNETH N AHNEN	1644 PROSPECT ST	1644 PROSPECT ST	LA CROSSE WI 54603-2268
17-10179-20	KERMIT L STAHL	1720 PROSPECT ST	W7427 SYLVESTER RD	HOLMEN WI 54636
17-10246-80	KOWALKE FAMILY TRUST OF 2018	1716 ONALASKA AVE	1716 ONALASKA AVE	LA CROSSE WI 54603-2206
17-10181-10	KRISTA L GLAMAN	1710 PROSPECT ST	1710 PROSPECT ST	LA CROSSE WI 54603-2211
17-10178-80	LOUISEA D ROSE, DANIEL ROSE	1718 LOOMIS ST	1718 LOOMIS ST	LA CROSSE WI 54603-2202
17-10181-100	MARIE TRAINOR	1710 LOOMIS ST	1710 LOOMIS ST	LA CROSSE WI 54603
17-10154-100	MARIE L HANSON	1640 ONALASKA AVE	1640 ONALASKA AVE	LA CROSSE WI 54603
17-10178-50	MARION R CARLSON	1717 PROSPECT ST	1717 PROSPECT ST	LA CROSSE WI 54603-2248
17-10154-80	MARK E OLSON	1632 ONALASKA AVE	1632 ONALASKA AVE	LA CROSSE WI 54603-2267
17-10148-130	MAUREEN T ADDIS, JOSEPH ADDIS	1642 LOOMIS ST	1642 LOOMIS ST	LA CROSSE WI 54603-2266
17-10154-60	MEGAN ELIZABETH PRESTON	1626 ONALASKA AVE	1626 ONALASKA AVE	LA CROSSE WI 54603-2267
17-10153-90	MICHAEL M FITZPATRICK, LORI K FITZPATRICK	1632 PROSPECT ST	1632 PROSPECT ST	LA CROSSE WI 54603-2268
17-10153-100	PAMELA F NOBEN, STEVE C NOBEN	1626 PROSPECT ST	1626 PROSPECT ST	LA CROSSE WI 54603-2268
17-10246-100	RANEE L LAKEY	1704 ONALASKA AVE	1704 ONALASKA AVE	LA CROSSE WI 54603-2206
17-10246-70	RICHARD L TREACLE (LE), RICHARD B TREACLE, THOMAS R TREACLE, CAROL M TREACLE (LE)	1720 ONALASKA AVE	1720 ONALASKA AVE	LA CROSSE WI 54603-2206
17-10148-120	RUBY L COADY	1646 LOOMIS ST	1646 LOOMIS ST	LA CROSSE WI 54603-2266
17-10178-140	SCOTT LAFLEUR	1728 PROSPECT ST	1728 PROSPECT ST	LA CROSSE WI 54603
	SDA PROSPECT ST PROPERTY LLC			
17-10150-30	C/O SCOTT D ANTONNEAU	1639 PROSPECT ST	1126 27TH ST S	LA CROSSE WI 54601-6007
17-10178-20	STEVEN W SHUDA, SUSAN N SHUDA	1729 PROSPECT ST	1729 PROSPECT ST	LA CROSSE WI 54603-2248
17-10148-140	TAYLOR K ROWE	1636 LOOMIS ST	1636 LOOMIS ST	LA CROSSE WI 54603-2266
17-10179-10	THOMAS F LANE, LAURIE K LANE	1727 ONALASKA AVE	1827 PROSPECT ST	LA CROSSE WI 54603-2156
17-10178-40	TONIA L RICE	1725 PROSPECT ST	1725 PROSPECT ST	LA CROSSE WI 54603
17-10178-60	WILLOWS THREE LLC	1713 & 1715 PROSPECT ST	1523 ROSE ST STE 8	LA CROSSE WI 54603

**Properties within 300 feet of 1701 Onalaska Ave/1509 Rublee St.**

Owner	HOFFER LLC	1509 RUBLEE ST		
Petitioner	ADAM HOFER	1701 ONALASKA AVE	1510 MADISON ST	LA CROSSE WI 54601
			PO BOX 156	ONALASKA WI 54650

Properties within 300 feet of 1701 Onalaska Ave/1509 Rublee St



**NOTICE OF HEARING ON  
AMENDMENT TO ZONING RESTRICTION**

TO WHOM IT MAY CONCERN:

NOTICE IS HEREBY GIVEN that the Common Council of the City of La Crosse, by its Judiciary & Administration Committee, will hold a public hearing on a proposed ordinance change in the zoning code as follows:

**AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Residence District to the Special Residence District, allowing for the property at 1701 Onalaska Ave. & 1509 Rublee St. to return to use as a triplex.**

**Property is presently: a duplex/triplex**

**Property is proposed to be: a triplex**

**Rezoning is necessary because: the property was previously zoned & used as a triplex; due to prior owner's renovations taking too long, it reverted back to a duplex**

*Tax Parcel 17-10181-30; 1701 Onalaska Ave & 1509 Rublee St*

The City Plan Commission will meet to consider such application on **Monday, January 5, 2026, at 4:00 p.m.** in the Council Chambers of City Hall, 400 La Crosse St., in the City of La Crosse, La Crosse County, Wisconsin (public speaking on such application is allowed).

A public hearing before the Judiciary & Administration Committee will be held on **Tuesday, January 6, 2026, at 4:00 p.m.** in the Council Chambers of City Hall, 400 La Crosse St., in the City of La Crosse, La Crosse County, Wisconsin.

Final action will be determined by the **Common Council** on **Thursday, January 8, 2026, at 6:00 p.m.** in the Council Chambers of City Hall, 400 La Crosse St., in the City of La Crosse, La Crosse County, Wisconsin.

Any person interested may appear at public hearings either in person, by agent, or by attorney, and may express their approval or objection, or file a letter in the office of the City Clerk.

The petition and/or maps relating to the above referenced amendment may be examined in the Office of the City Clerk, La Crosse City Hall, between the hours of 8:00 a.m. and 4:30 p.m. on any regular business day, holidays excepted, (by appointment) or in the Legislative Information Center which can be accessed from the City website at [www.cityoflacrosse.org](http://www.cityoflacrosse.org) (search for File 25-1405).

Dated this 4<sup>th</sup> day of December, 2025.

Nikki M. Elsen, City Clerk  
City of La Crosse

-----  
Published: December 23 & 30, 2025  
One (1) Affidavit

**Agenda Item 25-1405 (Jenna Dinkel)**

AN ORDINANCE to amend Subsection 115-110 of the Code of Ordinances of the City of La Crosse by transferring certain property from the Residence District to the Special Residence District, allowing for the property at 1701 Onalaska Ave. & 1509 Rublee St. to return to use as a triplex.

**General Location**

Council District 2, Logan Northside Neighborhood Association. Located on Rublee Street between Onalaska Avenue and Prospect Street as depicted on attached Map PC25-1405. The property is surrounded by R2 – Residence District and R1 – Single Family District.

**Background Information**

The applicant is requesting a rezoning from R2 – Residence District to R3 – Special Residence District to bring the zoning into conformance with the current layout of the residence. The applicant states that this property functioned as a legal non-conforming triplex until a past owner let the units sit vacant for more than a year when they conducted renovations and it lost legal non-conforming status. The Assessor's Department confirmed the property has been three units in their records dating back to as early as 1956. The owner has provided layouts for the upper and two lower apartments. The new owner has submitted a request for rezoning to bring it into compliance as a triplex.

**Recommendation of Other Boards and Commissions**

N/A

**Consistency with Adopted Comprehensive Plan**

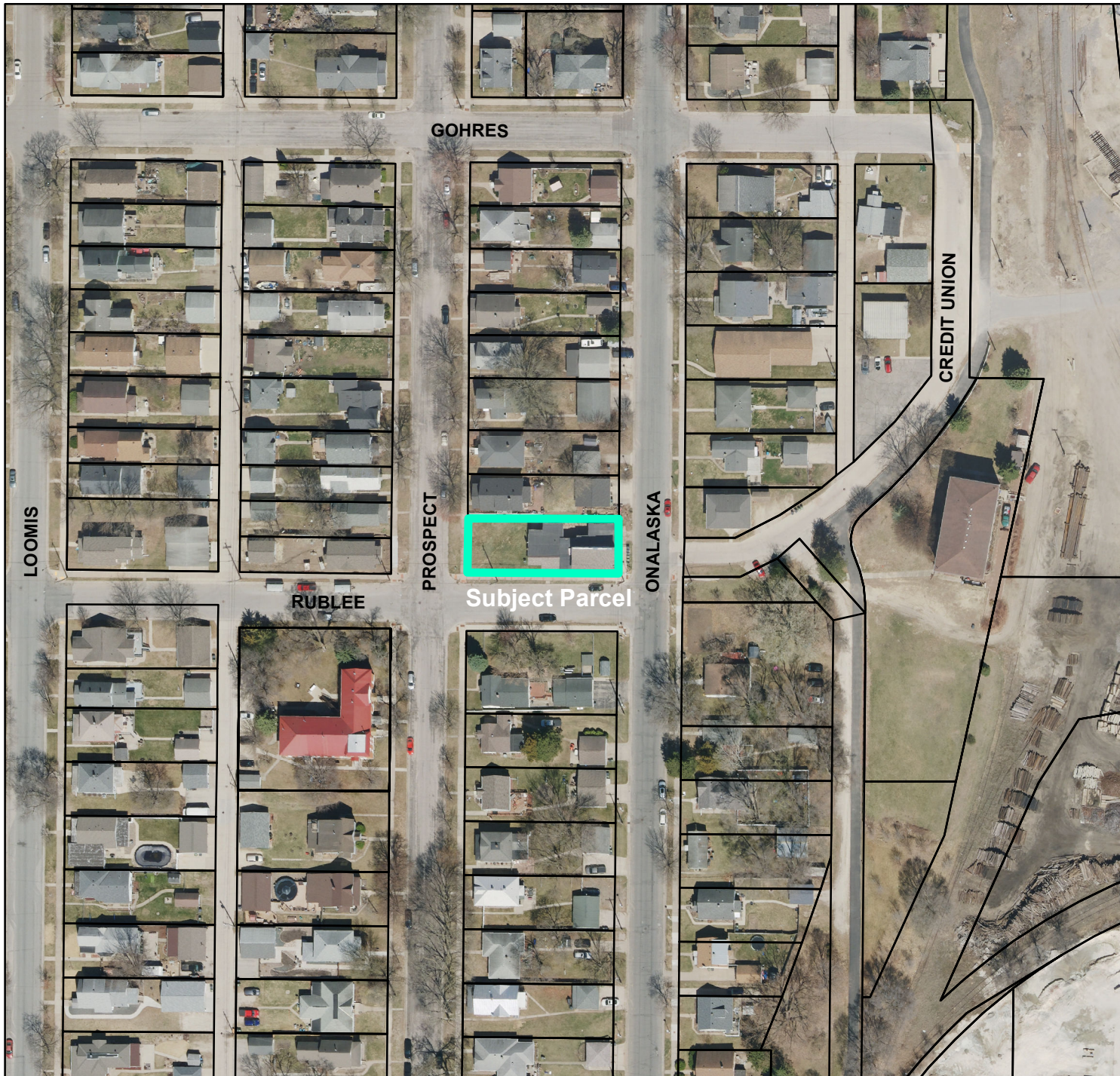
This property is in the Logan Northside Neighborhood Association, which categorizes low-density residential as desirable. Low-density residential includes one-, two-, and three-unit structures. The Comprehensive plan places an emphasis on low-density being walkable and interconnected in addition to being developed to accommodate a range of socio-economic factors. Due to this parcel meeting these factors, the rezoning is consistent with the Comprehensive Plan.

**Staff Recommendation**

**Approval** – Staff recommends approval.

**Routing J&A 12.6.26**





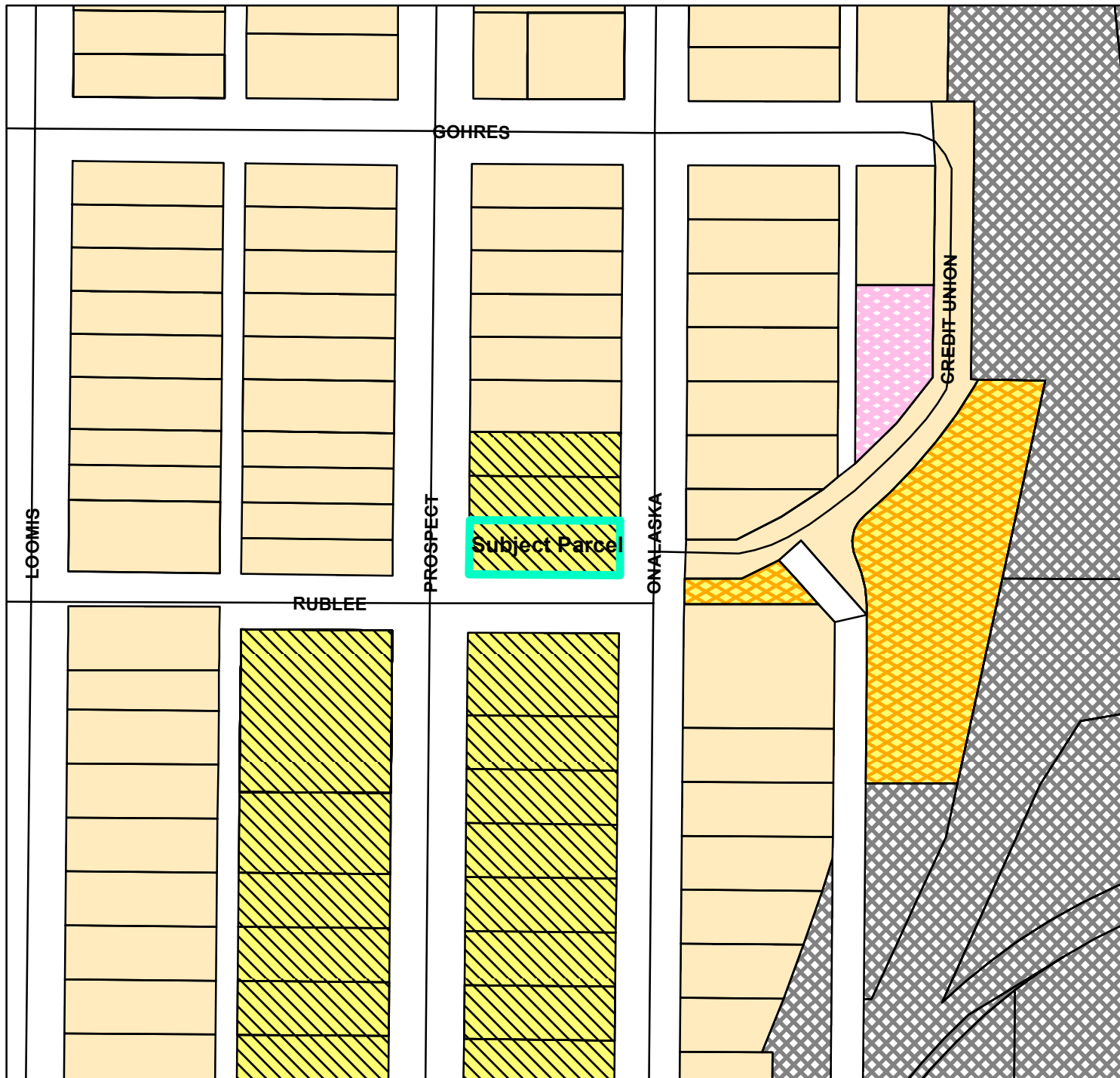
# **BASIC ZONING DISTRICTS**

	R1 - SINGLE FAMILY
	R2 - RESIDENCE
	WR - WASHBURN RES
	R3 - SPECIAL RESIDENCE
	R4 - LOW DENSITY MULTI
	R5 - MULTIPLE DWELLING
	R6 - SPECIAL MULTIPLE
	PD- PLANNED DEVELOP
	TND - TRAD NEIGH DEV.
	C1 - LOCAL BUSINESS
	C2 - COMMERCIAL
	C3 - COMMUNITY BUSINESS
	M1 - LIGHT INDUSTRIAL
	M2 - HEAVY INDUSTRIAL
	PS - PUBLIC & SEMI-PUBLIC
	PL - PARKING LOT
	UT - PUBLIC UTILITY
	CON - CONSERVANCY
	FW - FLOODWAY
	A1 - AGRICULTURAL
	EA - EXCLUSIVE AG
	City Limits
	SUBJECT PROPERTY



0 62.5 125 250 Feet





## BASIC ZONING DISTRICTS

-  R1 - SINGLE FAMILY
-  R2 - RESIDENCE
-  WR - WASHBURN RES
-  R3 - SPECIAL RESIDENCE
-  R4 - LOW DENSITY MULTI
-  R5 - MULTIPLE DWELLING
-  R6 - SPECIAL MULTIPLE
-  PD- PLANNED DEVELOP
-  TND - TRAD NEIGH DEV.
-  C1 - LOCAL BUSINESS
-  C2 - COMMERCIAL
-  C3 - COMMUNITY BUSINESS
-  M1 - LIGHT INDUSTRIAL
-  M2 - HEAVY INDUSTRIAL
-  PS - PUBLIC & SEMI-PUBLIC
-  PL - PARKING LOT
-  UT - PUBLIC UTILITY
-  CON - CONSERVANCY
-  FW - FLOODWAY
-  A1 - AGRICULTURAL
-  EA - EXCLUSIVE AG
-  City Limits
-  SUBJECT PROPERTY



0 62.5 125 250 Feet



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

**File Number: 25-1469**

---

**Agenda Date:** 1/6/2026

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Ordinance

**Agenda Number:**

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE to amend Secs. 10-393 and 10-394 of the Code of Ordinances of the City of La Crosse to include definitions and an exemption for community pantries on private property.

THE COMMON COUNCIL of the City of La Crosse does ordain as follows:

SECTION I: Section 10-393 is hereby amended to read as follows:

Sec. 10-393. - Definitions.

Community stand means a small cabinet or structure for distributing free food and other essential items.

Community fridge means a refrigerator for distributing free food items.

Community pantry means a more general term that refers to a publicly accessible community fridge or a community stand that allows community members to share food freely, reducing waste and addressing food insecurity.

SECTION II: Section 10-394 is hereby amended to read as follows:

Sec. 10-394. - Exemptions.

The provisions of this article shall not apply to the following:

(10) A community pantry located on private property with the following provisions:

- a. Notification to the La Crosse County Health Department and compliance with health codes.
- b. Provide a safe and sanitary structure to house the community pantry and protect it from the weather and animals.
- c. Compliance with any permit and zoning requirements for accessory structures.
- d. Provide an approved and permitted source of electrical connection; no extension cords unless on a temporary basis.
- e. Provide daily monitoring and cleaning of the property and surrounding area.
- f. Provide signage to identify the program and contact information.

SECTION III: Should any portion of this ordinance be declared unconstitutional or invalid by a court of competent jurisdiction, the remainder of this division shall not be affected.

SECTION IV: This ordinance shall take effect and be in force from and after its passage and publication.

\_\_\_\_\_  
Shaundel Washington-Spivey, Mayor

\_\_\_\_\_  
Nikki M. Elsen, City Clerk

Passed:  
Approved:  
Published:



# ***CITY OF LA CROSSE***

400 La Crosse Street  
La Crosse, Wisconsin 54601  
(608) 789-CITY  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

## **LEGISLATION STAFF REPORT FOR COUNCIL**

File ID                      Caption

Staff/Department Responsible for Legislation

Requestor of Legislation

Location, if applicable

Summary/Purpose

Background

Fiscal Impact

Staff Recommendation



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

**File Number: 25-1471**

---

**Agenda Date:** 1/6/2026

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Resolution

Resolution requesting that the Wisconsin Department of Transportation develop additional project alternatives for the Highway 53 Corridor Study that maintain on-street parking and add bicycle facilities.

## RESOLUTION

WHEREAS, the Wisconsin Department of Transportation (WisDOT) is advancing the Highway 53 Corridor Study within the jurisdiction of the City of La Crosse, from King Street to La Crosse Street; and

WHEREAS, the corridor affected by the Highway 53 Corridor Study serves local businesses, residents, and visitors, and on-street parking is an important component of access, economic vitality, and neighborhood livability; and

WHEREAS, safe and convenient bicycle facilities are essential to providing transportation choices, improving safety for all roadway users, and advancing local and state goals related to sustainability, public health, and multimodal transportation; and

WHEREAS, maintaining on-street parking while adding bicycle accommodations can support complete streets principles by balancing the needs of motorists, bicyclists, pedestrians, residents, and businesses; and

WHEREAS, the Common Council desires to ensure that the Highway 53 Corridor Study reflects community priorities and considers design alternatives that minimize negative impacts while enhancing safety and accessibility; and

WHEREAS, additional design alternatives may exist that preserve on-street parking and incorporate dedicated or protected bicycle facilities without compromising the overall function and safety of the roadway;

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of La Crosse that WisDOT is hereby respectfully requested to develop and evaluate additional project alternatives for the Highway 53 Corridor Study that:

1. Maintain existing on-street parking to the greatest extent practicable; and
2. Add safe, clearly defined bicycle facilities, such as buffered or protected bike lanes, shared-use paths, or other context-appropriate bicycle accommodations; and
3. Are consistent with complete streets principles and responsive to local land use, business access, and neighborhood character.

BE IT FURTHER RESOLVED that the Common Council requests the opportunity to review and provide input on such additional alternatives prior to the selection of a preferred alternative for the Highway 53 Corridor Study.

BE IT FURTHER RESOLVED that a copy of this resolution be transmitted to WisDOT and to other appropriate state and regional transportation officials.



# ***CITY OF LA CROSSE***

400 La Crosse Street  
La Crosse, Wisconsin 54601  
(608) 789-CITY  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)

## **LEGISLATION STAFF REPORT FOR COUNCIL**

File ID                      Caption

Staff/Department Responsible for Legislation

Requestor of Legislation

Location, if applicable

Summary/Purpose

Background

Fiscal Impact

Staff Recommendation



# City of La Crosse, Wisconsin

City Hall  
400 La Crosse Street  
La Crosse, WI 54601

## Text File

File Number: 26-0002

---

**Agenda Date:** 1/6/2026

**Version:** 1

**Status:** New Business

**In Control:** Judiciary & Administration Committee

**File Type:** Application






**LA CROSSE**  
**POLICE DEPARTMENT**  
LEAD. PARTNER. PROTECT.

## MEMORANDUM

**DATE:** January 6, 2026

**TO:** Judicial and Administration Committee

**FROM:** Sergeant D. Mandujano 

**SUBJECT:** 2nd Quarter of 2025/2026 Alcohol License Year

**COPIES TO:** None

---

### Quarterly Alcohol Enforcement Report

**Reporting Period:** October 1<sup>st</sup> through December 31<sup>st</sup>, 2025

**Prepared by:** Sergeant Danny Mandujano

---

### Follow-Up Information

#### Tequila's

Synopsis:

Tequila's met with the La Crosse Police Department and the City Attorney's Office and agreed to an abatement plan. This abatement plan went into effect October 1<sup>st</sup>.

The components of the abatement plan included the following requirements:

- Check ID of those who appear 30 years of age or younger.
- Verification of two forms of identification for entry
- Immediate contact with law enforcement regarding suspicious activity
- Submission of a monthly customer log

#### Follow-Up Actions:

- *25-44736 – Trouble with Party:* On October 1st, Tequila's employees contacted law enforcement to report suspected underage individuals attempting to gain entry. Three underage individuals (ages 17–20) were issued citations for possession of false identification.
- *25-50173 – Bar Check:* On November 4th, officers conducted a bar check and found no violations.
- *25-54331 – Bar Check:* On December 4th, officers conducted a bar check in partnership with the Department of Revenue – Division of Alcohol Beverages. Several violations were identified. Education was provided regarding the violations; no enforcement action was taken.

#### Miscellaneous:

Tequila's did not submit customer logs which was agreed upon for their abatement plan for the months of October, November, and December until requested by law enforcement. When asked why they stated they did not have copies of the log which was furnished to them at the abatement meeting. Copies were provided and reports were submitted late.

---

### Compliance Checks

During this quarter, the La Crosse Police Department continued promoting responsible alcohol sales, purchases, and consumption within the community. Recognizing the impact alcohol-related issues have on public safety, the department prioritized education,

enforcement, and community engagement. In partnership with the Department of Revenue – Division of Alcohol Beverages, compliance checks were conducted at both Class A and Class B licensed establishments.

- **Total Compliance Checks:** 33 (October 1st – December 31st)
- **Failures:** Each establishment had one or more failures; most were addressed through education and corrective guidance.

**Notable Violations:**

- Cheap Andy's: No licensed bartender or agent was present at the time of inspection. A citation was issued for failure to have a licensed bartender (Ordinance 4-110).
- Citgo – State Road: Multiple violations were identified. While some items located were legal, they raised significant concerns:
  - Sale of glass pipes
  - Sale of Nitrous Oxide containers (“whippets”) in multiple sizes
  - Sale of mushroom products, THC Delta-8, and THC-A products
- **Total Bar Checks:** 88 bar checks conducted between October 1st and December 31<sup>st</sup>.

---

**Education and Outreach**

- **Alcohol Compliance Training:** Four officers received training through the Department of Revenue – Division of Alcohol Beverages to assist with future compliance checks in 2026.

---

**Enforcement**

**Comparative Analysis:**

- Enforcement activity increased compared to the same quarter of the previous license year.
- **Bar Checks:**
  - 2024: 73
  - 2025: 88
  - Approximate 20% increase year to year (includes compliance checks)

**Citations Issued:** 23

**Observations:**

Enforcement actions involving licensed establishments continue to increase, with a sustained focus on compliance, education, and corrective measures.

**Concerning Establishment**

**Citgo**

Over the past year, the La Crosse Police Department has received Crime Stoppers tips indicating that underage individuals know Citgo as a known location for purchasing alcohol and other concerning items. In September, Citgo failed a compliance check after selling alcohol to a minor and was cited for Ordinance 4-6.

During the most recent compliance check, Citgo was also found to be in violation of invoice maintenance requirements and was educated on proper record-keeping practices. In addition, several concerning items were located within the establishment.

**Legal Items (Concerning):**

- Numerous glass pipes. While legal to possess, these items are commonly used by individuals to consume illegal substances.
- Several large (2KG) “Exotic Whip” Nitrous Oxide containers, along with thousands of single-use flavored Nitrous Oxide containers. These items are commonly referred to as “whippets” and are frequently used to “huff” in order to experience a psychoactive effect.
- A variety of mushroom products and THC Delta-8 or THC-A products. These items are currently legal and synthetically produced to provide effects similar to illegal substances, such as THC Delta-9.

**Illegal Items:**

- 175 Malegra 200mg tablets (Sildenafil/generic Viagra), a prescription-only medication in the United States. These tablets were located beneath the counter, seized by officers, and the cashier admitted they were being sold for \$7 per tablet. A report was completed and forwarded to the District Attorney's Office for review.

**Follow-Up Actions:**

- After speaking with the District Attorney further investigation will be conducted to determine if the owner of Citgo knowingly knew the prescription was only available by prescription to determine if criminal charges will be filed.
- Provide formal written notice to the license holder documenting identified violations, compliance concerns, and expectations for corrective action.
- Coordinate with the Cigarette, Tobacco, and Vape Agent and the appropriate licensing agent to review potential violations and assess the sale of legal but high-risk items.
- Conduct additional compliance checks during the next quarter to monitor corrective actions and ongoing compliance.
- On going communication with the City Attorney's and City Clerk's Offices.

**Summary**

Throughout this reporting period, the La Crosse Police Department continued to carry out alcohol compliance and enforcement initiatives in furtherance of public safety and regulatory accountability. Through increased inspections, targeted enforcement actions, and coordination with our state partners, compliance concerns were identified and addressed, and establishments requiring continued oversight were documented. These efforts will remain ongoing in the upcoming quarter, with continued emphasis on preventing underage access and mitigating alcohol-related impacts within the community.

TO THE JUDICIARY AND ADMINISTRATION COMMITTEE:

Following is a list of various licenses for the 2025-2026 license period to be considered by your committee on January 6, 2026.

**\*Chickens\***

**January 7, 2026 through December 31, 2026**

PATRICK KILLIAN	1222 14TH ST S
KATHRYN THOMPSON	346 23RD ST S
CHARLES UNDERBERG	4335 23RD ST
KRISTINE M MILLER	2611 HARVEY ST
JOELLA STRIEBEL	1712 LIBERTY ST

**\*Alcohol\***

**January 9, 2026 through June 30, 2026**

**Combination “Class B” Beer & Liquor**

Charmant Operations LLC dba The Charmant Hotel  
101 State Street  
Agent: Kalynn Krueger - 2021 Prairie Place, Holmen  
(Surrender from The Charmant Hotel LLC)

**Combination “Class B” Beer & Liquor**

Dutch Treats WI LLC dba Hollandberry Pannekoeken  
200 6<sup>th</sup> St S  
Agent: Dimitri Psomas – 2817 Lakeshore Dr #6, La Crosse  
(New Applicant)

**\*Indoor Cabaret\***

**January 9, 2026 through June 30, 2026**

Charmant Operations LLC dba The Charmant Hotel  
101 State Street

License Fee: \$25.00 (If not renewed by April 1 add \$50 late fee)

Invoice No.: \_\_\_\_\_ Customer No.: \_\_\_\_\_

**RENEWAL APPLICATION TO OWN, KEEP AND/OR HARBOR CHICKENS IN THE CITY OF LA CROSSE**

License Period: January 1, 2026 to December 31, 2026

**Use Conditions:**

- One property is limited to the keeping or harboring of up to eight (8) chickens.
- A person may only own, keep or harbor chickens on property being used as a one-family dwelling (single family) or two-family dwelling (duplex).
- No person shall keep any rooster.
- No person shall slaughter any chickens.
- Chickens shall be provided with a covered enclosure that measures a minimum of three (3) square feet per bird, and all chickens must be kept in the covered enclosure or a fenced enclosure within the backyard of the property at all times.
- No enclosure shall be located closer than 25 feet to any residential structure on an adjacent lot.



**APPLICANT:**

\_\_\_\_\_  
PATRICK KILLIAN

**PROPERTY ADDRESS WHERE CHICKENS WILL BE KEPT:**

\_\_\_\_\_  
1222 14TH ST S LA CROSSE WI 54601

**PROPERTY OWNER(S):**

\_\_\_\_\_  
PATRICK KILLIAN

*If applicant is not the owner, please provide written documentation from the owner that they have been notified.  
Not applicable for renewal.*

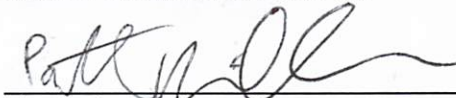
**Is the property X ONE-FAMILY dwelling or      TWO-FAMILY dwelling? (Check One)**

*If duplex, provide written documentation from other occupant that they have been notified.  
Not applicable for renewal.*

***Attach a scale drawing showing property lot lines, dimensions of coop/enclosure and distance from adjoining lot lines and residential structures.***

*Applying for and obtaining this chicken permit **DOES NOT** provide any authority to violate any restrictive covenants that govern the property where you reside or intend to keep chickens. Please review any Declaration of Restrictions or Restrictive Covenants that apply to the property prior to applying for a chicken permit. No permit fees will be refunded once they are paid.*

I hereby certify that I have read and understand the content of this application and that the above statements are true and correct to the best of my knowledge. I further certify that I understand that any such license is subject to revocation in accordance with Municipal Code of Ordinances Sec. 6-16.

  
\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(telephone)

11/11/2025  
\_\_\_\_\_  
(date)



W N  
S E



$$\frac{9}{16}'' = 20\text{ft}$$

□ covered enclosure is  $4' \times 8'$  32 square feet. with 5 birds  
 $>6\text{ft}^2$  for each bird

Killian

72 ft to Dwelling at 1214 14<sup>th</sup> St  
 76 ft to Dwelling at 1226 14<sup>th</sup> St  
 $>100\text{ft}$  to Dwellings on properties West of 1222

License Fee: \$25.00 (If not renewed by April 1 add \$50 late fee)

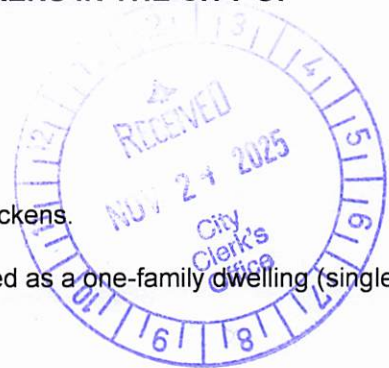
Invoice No.: \_\_\_\_\_ Customer No.: \_\_\_\_\_

## RENEWAL APPLICATION TO OWN, KEEP AND/OR HARBOR CHICKENS IN THE CITY OF LA CROSSE

License Period: January 1, 2026 to December 31, 2026

### Use Conditions:

- One property is limited to the keeping or harboring of up to eight (8) chickens.
- A person may only own, keep or harbor chickens on property being used as a one-family dwelling (single family) or two-family dwelling (duplex).
- No person shall keep any rooster.
- No person shall slaughter any chickens.
- Chickens shall be provided with a covered enclosure that measures a minimum of three (3) square feet per bird, and all chickens must be kept in the covered enclosure or a fenced enclosure within the backyard of the property at all times.
- No enclosure shall be located closer than 25 feet to any residential structure on an adjacent lot.



### APPLICANT:

KATHRYN THOMPSON

### PROPERTY ADDRESS WHERE CHICKENS WILL BE KEPT:

346 23RD ST S LA CROSSE WI 54601

### PROPERTY OWNER(S):

SARA HANSSEN, KATHRYN THOMPSON

*If applicant is not the owner, please provide written documentation from the owner that they have been notified.  
Not applicable for renewal.*

Is the property  X  ONE-FAMILY dwelling or     TWO-FAMILY dwelling? (Check One)

*If duplex, provide written documentation from other occupant that they have been notified.  
Not applicable for renewal.*

**Attach a scale drawing showing property lot lines, dimensions of coop/enclosure and distance from adjoining lot lines and residential structures.**

*Applying for and obtaining this chicken permit **DOES NOT** provide any authority to violate any restrictive covenants that govern the property where you reside or intend to keep chickens. Please review any Declaration of Restrictions or Restrictive Covenants that apply to the property prior to applying for a chicken permit. No permit fees will be refunded once they are paid.*

I hereby certify that I have read and understand the content of this application and that the above statements are true and correct to the best of my knowledge. I further certify that I understand that any such license is subject to revocation in accordance with Municipal Code of Ordinances Sec. 6-16.

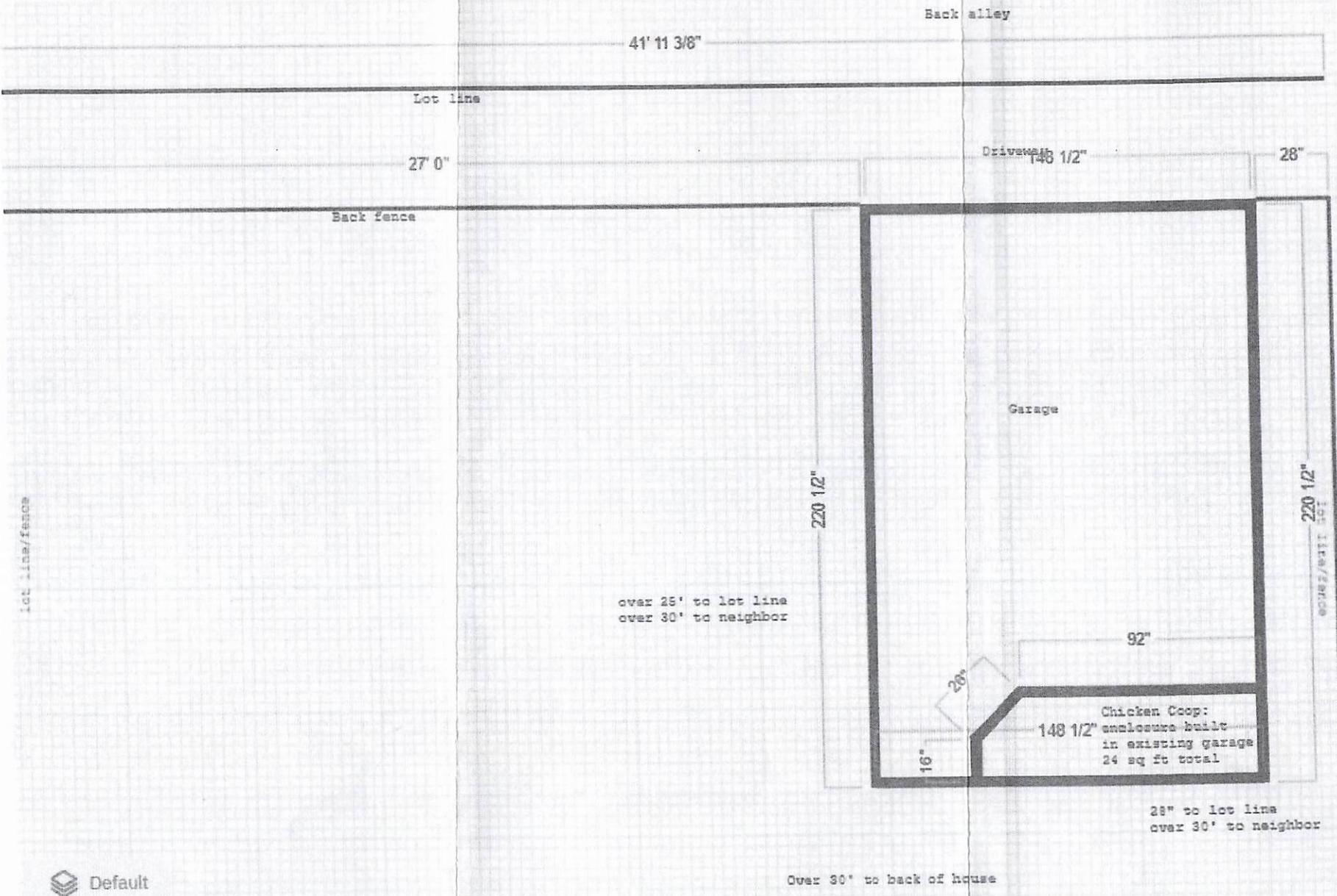
  
(signature)

(signature)

(telephone)

11/24/25  
(date)





346 23rd St. S  
La Crosse, WI 54601

Scale 1/4" = 1'

Thompson



License Fee: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

**APPLICATION TO OWN, KEEP AND/OR HARBOR CHICKENS  
IN THE CITY OF LA CROSSE**

License Period: January 1, \_\_\_\_ to December 31, \_\_\_\_

**Use Conditions:**

- One property is limited to the keeping or harboring of up to eight (8) chickens.
- A person may only own, keep or harbor chickens on property being used as a one-family dwelling (single family) or two-family dwelling (duplex).
- No person shall keep any rooster.
- No person shall slaughter any chickens.
- Chickens shall be provided with a covered enclosure that measures a minimum of three (3) square feet per bird, and all chickens must be kept in the covered enclosure or a fenced enclosure within the backyard of the property at all times.
- No enclosure shall be located closer than 25 feet to any residential structure on an adjacent lot.

**APPLICANT:**

Charles Underberg

**PROPERTY ADDRESS WHERE CHICKENS WILL BE KEPT:**

4335 33rd ST LaCrosse WI 54601

**PROPERTY OWNER(S):**

Charles & Yvonne Underberg

*If applicant is not the owner, please provide written documentation from the owner that they have been notified.  
Not applicable for renewal.*

**Is the property \_\_\_\_\_ ONE-FAMILY dwelling or \_\_\_\_\_ TWO-FAMILY dwelling? (Check One)**

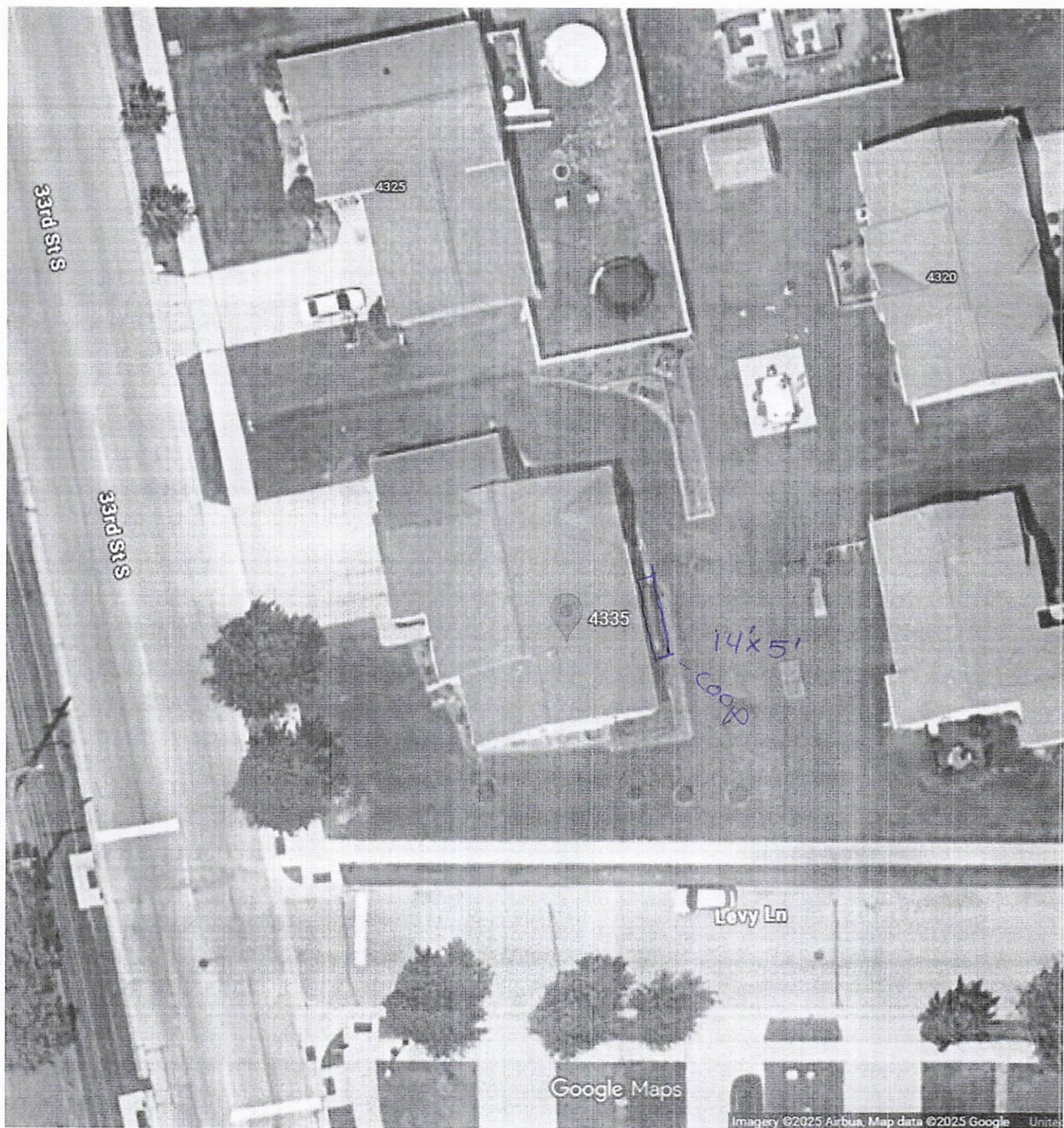
*If duplex, provide written documentation from other occupant that they have been notified.  
Not applicable for renewal.*

**Attach a scale drawing showing property lot lines, dimensions of coop/enclosure and distance from adjoining lot lines and residential structures.**

*Applying for and obtaining this chicken permit DOES NOT provide any authority to violate any restrictive covenants that govern the property where you reside or intend to keep chickens. Please review any Declaration of Restrictions or Restrictive Covenants that apply to the property prior to applying for a chicken permit. No permit fees will be refunded once they are paid.*

**I hereby certify that I have read and understand the content of this application and that the above statements are true and correct to the best of my knowledge. I further certify that I understand that any such license is subject to revocation in accordance with Municipal Code of Ordinances Sec. 6-16.**

Charles Underberg  
(signature)  
Yvonne Underberg  
(signature)  
[REDACTED] 11-25-25  
(telephone) (date)



under bar



License Fee: \$25.00 (If not renewed by April 1 add \$50 late fee)

Invoice No.: cash Customer No.:



**RENEWAL APPLICATION TO OWN, KEEP AND/OR HARBOR CHICKENS IN THE CITY OF LA CROSSE**

License Period: January 1, 2026 to December 31, 2026

**Use Conditions:**

- One property is limited to the keeping or harboring of up to eight (8) chickens.
- A person may only own, keep or harbor chickens on property being used as a one-family dwelling (single family) or two-family dwelling (duplex).
- No person shall keep any rooster.
- No person shall slaughter any chickens.
- Chickens shall be provided with a covered enclosure that measures a minimum of three (3) square feet per bird, and all chickens must be kept in the covered enclosure or a fenced enclosure within the backyard of the property at all times.
- No enclosure shall be located closer than 25 feet to any residential structure on an adjacent lot.

**APPLICANT:**

KRISTINE M MILLER

**PROPERTY ADDRESS WHERE CHICKENS WILL BE KEPT:**

2611 HARVEY ST LA CROSSE WI 54603

**PROPERTY OWNER(S):**

KRISTINE M MILLER

*If applicant is not the owner, please provide written documentation from the owner that they have been notified.  
Not applicable for renewal.*

**Is the property X ONE-FAMILY dwelling or      TWO-FAMILY dwelling? (Check One)**

*If duplex, provide written documentation from other occupant that they have been notified.  
Not applicable for renewal.*

**Attach a scale drawing showing property lot lines, dimensions of coop/enclosure and distance from adjoining lot lines and residential structures.**

*Applying for and obtaining this chicken permit **DOES NOT** provide any authority to violate any restrictive covenants that govern the property where you reside or intend to keep chickens. Please review any Declaration of Restrictions or Restrictive Covenants that apply to the property prior to applying for a chicken permit. No permit fees will be refunded once they are paid.*

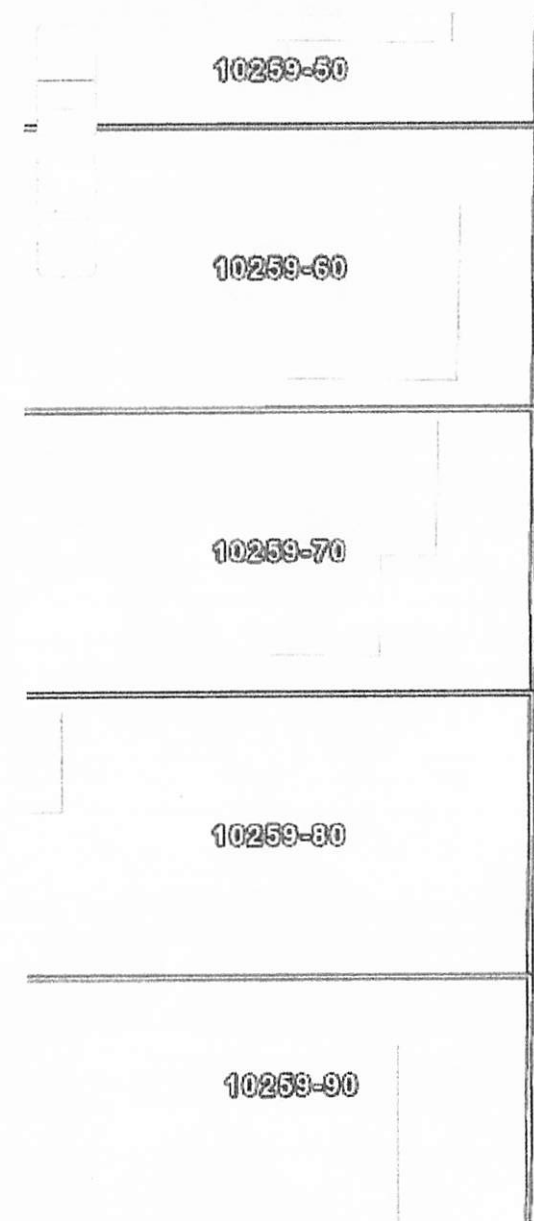
I hereby certify that I have read and understand the content of this application and that the above statements are true and correct to the best of my knowledge. I further certify that I understand that any such license is subject to revocation in accordance with Municipal Code of Ordinances Sec. 6-16.

Kristine M Miller  
(signature)

(signature)

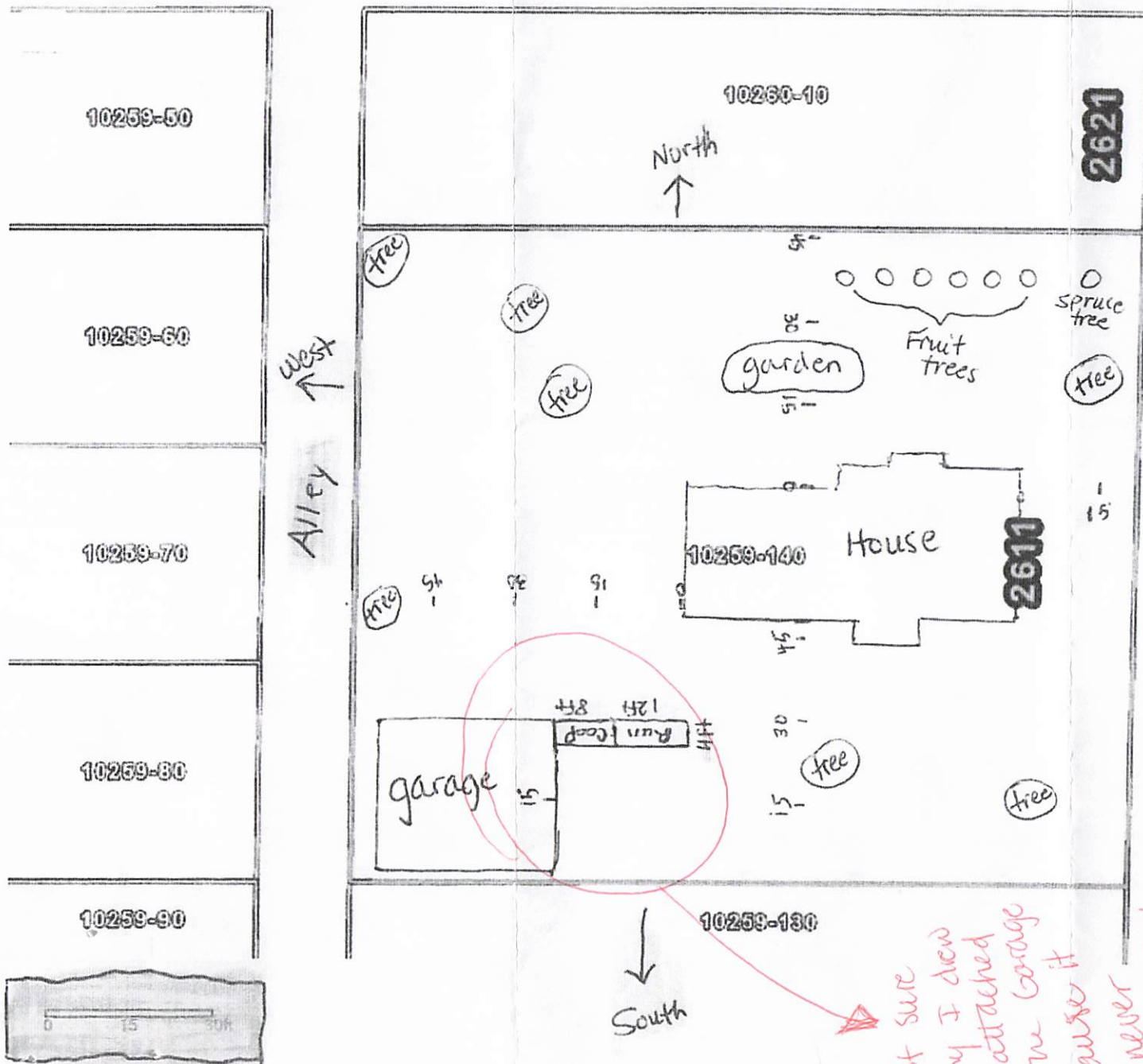
(telephone)

(date)



Hand-drawn site map of a property. The map shows a large rectangular area representing the property. In the upper right, there is a building labeled "House" with the address "10259-140" and a lot number "2611" written vertically. To the left of the house is a smaller rectangular building labeled "Garage". Between the house and the garage is a small rectangular area labeled "COOP". Dimensions are indicated: "13ft" between the house and the coop, "12ft" between the coop and the garage, and "30ft" for the width of the garage. Several trees are marked with circles and labeled "tree". A "garden" is labeled near the house. At the bottom, there is a downward arrow labeled "South" and the address "10259-130". The lot number "2603" is written vertically on the right side.

Dec 2025.  
Activate drawing 40  
+ 4 m m. 11 -



Tax Parcels: 17-10259-140

**OWNER NAME**  
KRISTINE MILLER

[Click for County Land Records](#)

**PROPERTY ADDRESS**  
2611 HARVEY ST  
LA CROSSE

**MAILING ADDRESS**  
2611 HARVEY ST  
LA CROSSE, WI 54603-1662

**COMMON COUNCIL**  
District 1

[Click for additional record information](#)

**ZONING INFORMATION**  
R1 - Single Family  
[Link to Zoning Ordinance](#)  
[Zoom to](#)

→ East

Harvey St

Not sure why I drew it attached to the garage because it was never been attached. It is 13 ft away



License Fee: \$25.00 (If not renewed by April 1 add \$50 late fee)

\$40

Invoice No.: \_\_\_\_\_ Customer No.: \_\_\_\_\_

## RENEWAL APPLICATION TO OWN, KEEP AND/OR HARBOR CHICKENS IN THE CITY OF LA CROSSE

License Period: January 1, 2026 to December 31, 2026

### Use Conditions:

- One property is limited to the keeping or harboring of up to eight (8) chickens.
- A person may only own, keep or harbor chickens on property being used as a one-family dwelling (single family) or two-family dwelling (duplex).
- No person shall keep any rooster.
- No person shall slaughter any chickens.
- Chickens shall be provided with a covered enclosure that measures a minimum of three (3) square feet per bird, and all chickens must be kept in the covered enclosure or a fenced enclosure within the backyard of the property at all times.
- No enclosure shall be located closer than 25 feet to any residential structure on an adjacent lot.

### APPLICANT:

JOELLA STRIEBEL

### PROPERTY ADDRESS WHERE CHICKENS WILL BE KEPT:

1712 LIBERTY ST LA CROSSE WI 54603

### PROPERTY OWNER(S):

JOELLA STRIEBEL

If applicant is not the owner, please provide written documentation from the owner that they have been notified.  
Not applicable for renewal.

Is the property X ONE-FAMILY dwelling or \_\_\_\_\_ TWO-FAMILY dwelling? (Check One)

If duplex, provide written documentation from other occupant that they have been notified.  
Not applicable for renewal.

**Attach a scale drawing showing property lot lines, dimensions of coop/enclosure and distance from adjoining lot lines and residential structures.**

Applying for and obtaining this chicken permit **DOES NOT** provide any authority to violate any restrictive covenants that govern the property where you reside or intend to keep chickens. Please review any Declaration of Restrictions or Restrictive Covenants that apply to the property prior to applying for a chicken permit. No permit fees will be refunded once they are paid.

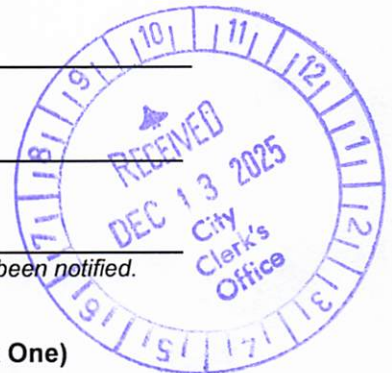
I hereby certify that I have read and understand the content of this application and that the above statements are true and correct to the best of my knowledge. I further certify that I understand that any such license is subject to revocation in accordance with Municipal Code of Ordinances Sec. 6-16.

(signature)

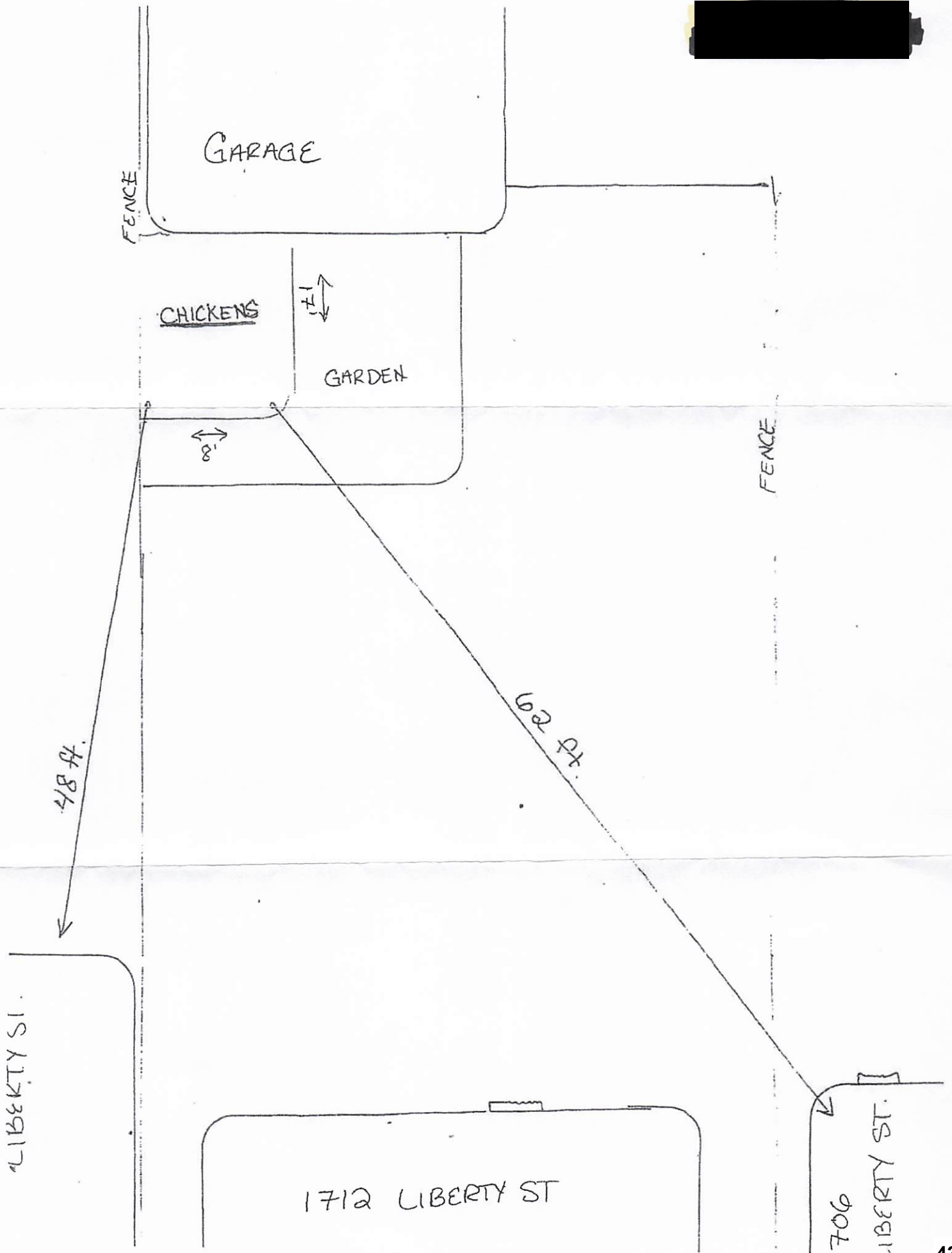
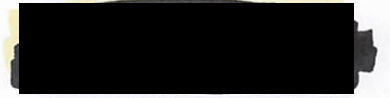
(signature)

(telephone)

(date)



12/10/25





# 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



<b>Anticipated Number of Employees:</b>	<b>70 PEOPLE</b>
<b>Method for training employees in alcohol beverage laws and requirements for employees to hold a beverage operator license:</b>	EMPLOYEES ARE REQUIRED TO TAKE ALOCHOL SERVSAFE COURSE OR SIMILAR; CONTINUOUS IN-HOUSE TRAINING
<b>Other Business to Be Conducted on Premise:</b>	HOTEL, RESTAURANT/BAR OPERATIONS
<b>Estimated gross receipts for food and alcohol beverage sales by percentage.</b> (Note: Non-alcoholic drinks are classified as "Food.")	
<u>40</u> % Alcohol <u>60</u> % Food _____ % Other	
If applicable, describe "Other": _____	
<b>Estimated capacity (Class B and Class C licenses only):</b>	
Indoor <u>150 SEATS</u>	Outdoor, if applicable <u>50 SEATS</u>
<b>Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.</b> 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.	
<b>Will there be live entertainment (music or dancing) on premise? If yes, explain.</b> If yes, a cabaret license is required. YES, THERE WILL BE LIVE MUSIC INSIDE HOTEL LOBBY/RESTAURANT/BAR AREAS.	
<b>Do you have off-street parking?</b> <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.	
<b>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).</b>	
<b>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.</b>	

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 \_\_\_\_\_

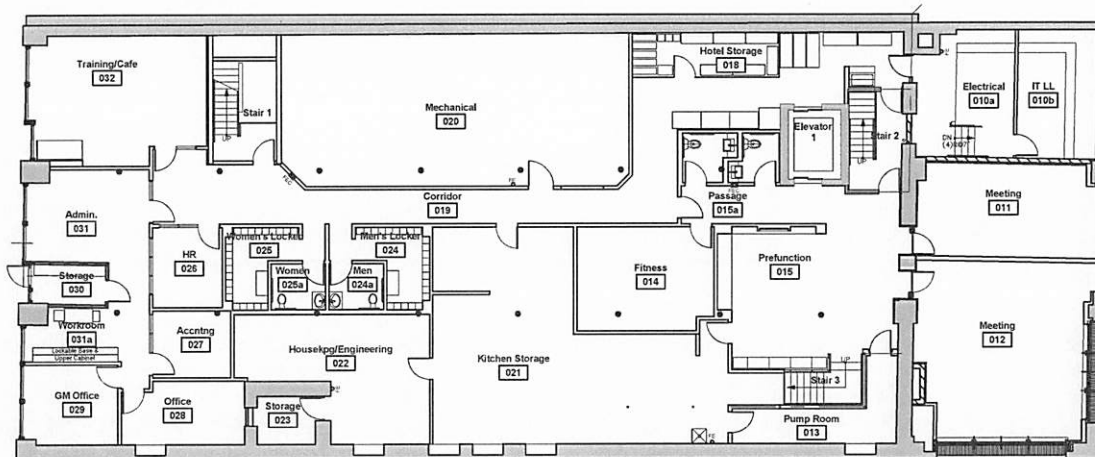
Date 11/26/25

**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

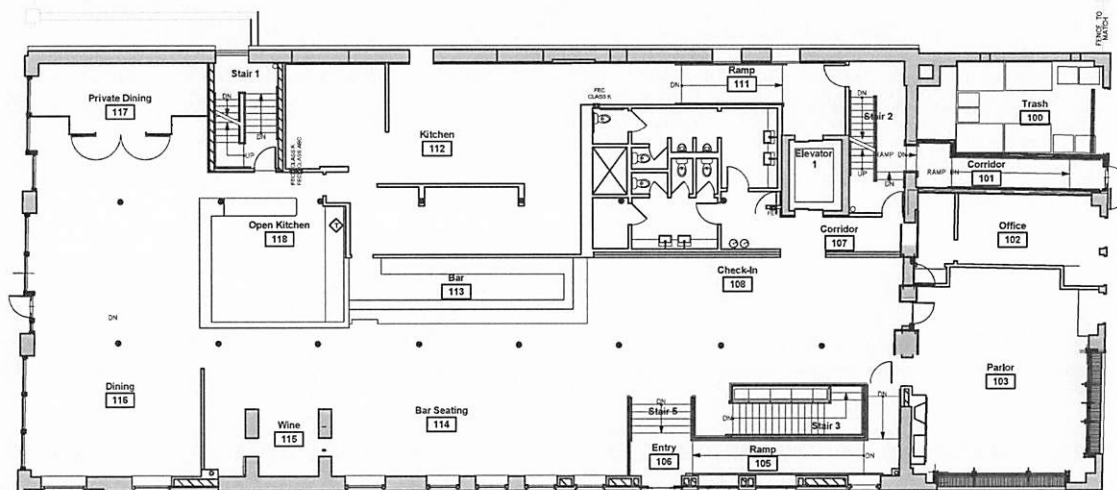
MANAGEMENT
REAL ESTATE
LEASING
DEVELOPMENT



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

ORIGINAL (OFFICE USE)	ORIGINAL (CUSTOMER USE) DATE
NRH	12/13/2005
<p><b>WILAC101</b></p> <p>101 STATE ST</p> <p>LACROSSE, WI 54601</p>	
PROPERTY NAME	CHARMANT HOTEL
PROPERTY USE	<p>LOWER</p> <p>FLOOR PLAN</p>
APPLIC. NUMBER	<b>A100</b>

© 2020 Hendricks Commercial Properties, LLC. All rights reserved. This drawing is the property of Hendricks Commercial Properties, LLC. It is to be used only for the project and site identified herein. No part of this drawing may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from Hendricks Commercial Properties, LLC.



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

## HENDRICKS COMMERCIAL PROPERTIES

### APPROVALS

MANAGEMENT

REAL ESTATE

LEASING

DEVELOPMENT

PREPARED BY:	DESIGNED BY:
NRH	DATE: 12/13/2023

**WILAC101**

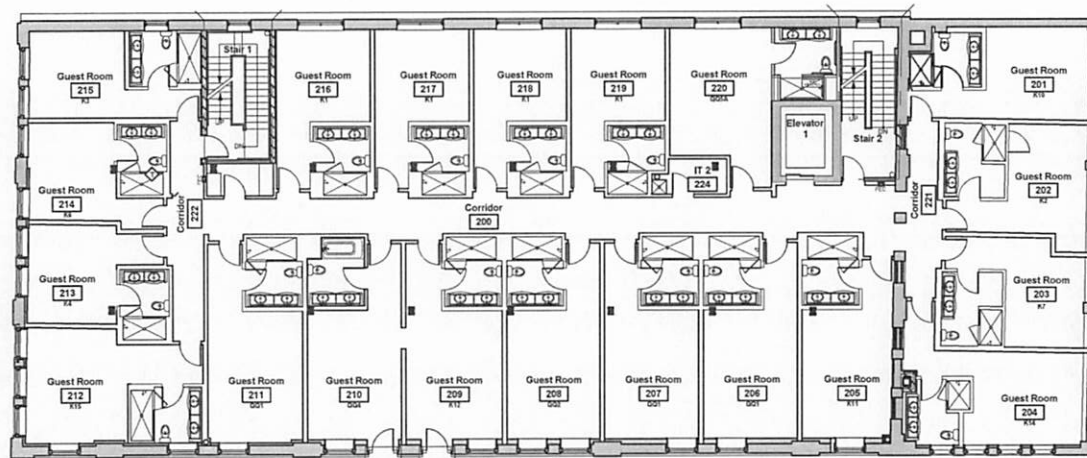
101 STATE ST  
LACROSSE, WI 54601

PROJECT NAME: CHARMANT HOTEL

SHEET NO: 101

FLOOR 1  
PLAN

SHEET NUMBER: **A101**



1 FLOOR 2 PLAN  
Scale: 3/8" = 1'



## APPROVALS

MANAGEMENT

LEGAL COUNSEL

LEASING

DEVELOPMENT

DATE: 12/13/2015

**WILAC101**

161 STATE ST

LACROSSE, WI 54601

CHARMANT HOTEL

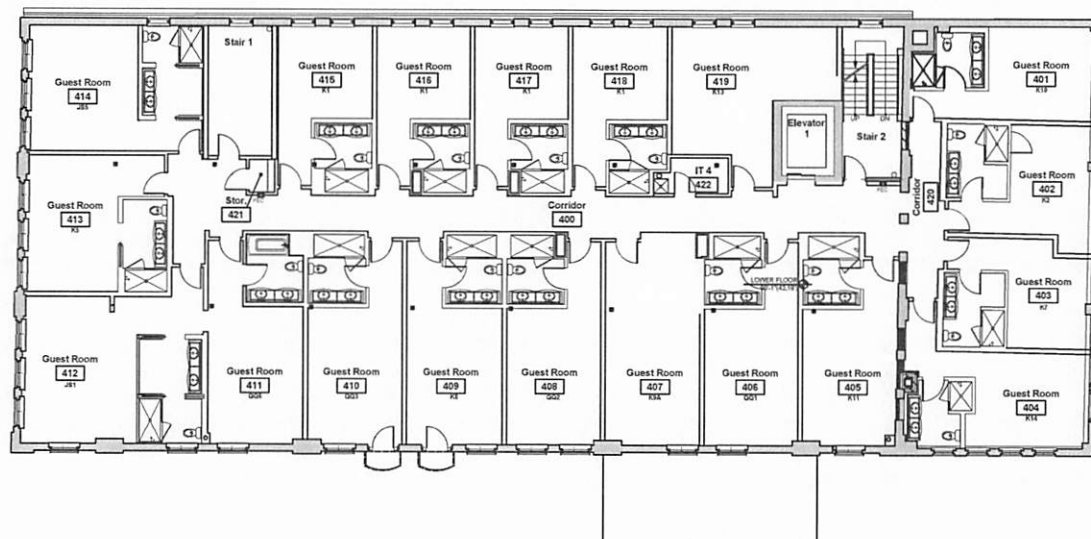
FLOOR 2  
PLAN

**A102**





© 2005 Hendricks Commercial Properties, Inc. All rights reserved. This document is the property of Hendricks Commercial Properties, Inc. and is not to be reproduced without written permission.



1 FLOOR 4 PLAN  
Scale: 1/8" = 1'

# HENDRICKS COMMERCIAL PROPERTIES

## APPROVALS

MANAGEMENT

LEGAL COUNSEL

LEASING

DEVELOPMENT

ORIGINAL DATE: 10/13/2005

WILAC101  
101 STATE ST  
LACROSSE, WI 54601  
CHARMANT HOTEL

FLOOR 4  
PLAN

A104





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)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ 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: ☒ City ☐ Town ☐ 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. ☐ Yes ☒ 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	4b. Business Entity FEIN
<b>GERONIMO HOSPITALITY GROUP, LLC</b>	<b>46-1248188</b>

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.

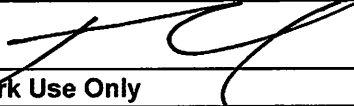
Last Name	First Name	Title	Phone
GERBITZ	ROBERT	PRESIDENT & CEO	
JELINSKI	DREW	SECRETARY	
KRUEGER	KALYNN	AGENT	
SCHUH	KONYA	Manager & Chairperson	

### 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	First Name	M.I.
<b>GERBITZ</b>	<b>ROBERT</b>	<b>J.</b>
Title	Email	Phone
<b>PRESIDENT &amp; CEO</b>		
Signature	Date	
	<b>11/24/25</b>	

### 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)	

## 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)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License ☐ 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

KRUEGER

2. First Name

KALYNN

3. M.I.

E.

4. Email

5. Phone

6. Home Address

2021 PRAIRIE PLACE

7. City

HOLMEN

8. State

WI

9. Zip Code

54636

10. Date of Birth

11. Drivers License/State ID Number

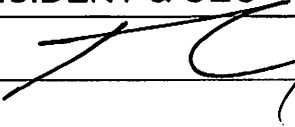
12. Drivers License/State ID State of Issuance


WISCONSIN

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

<b>Part D: Business Attestation</b>			
<p>READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b>, 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 <b>GERBITZ</b>		First Name <b>ROBERT</b>	
		M.I. <b>J.</b>	
Title <b>PRESIDENT &amp; CEO</b>	Email [REDACTED]		Phone [REDACTED]
Signature 		Date <b>11/26/25</b>	

<b>Part E: Agent Attestation</b>			
<p>READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b>, 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 <b>KRUEGER</b>		First Name <b>KALYNN</b>	
		M.I. <b>E.</b>	
Signature 		Date <b>11/17/2025</b>	



# 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](http://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](http://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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ 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

6. Phone

7. Home Address

2365 NORTH PARKER DRIVE

8. City

JANESVILLE

9. State

WI

10. Zip Code

53545

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ 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	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

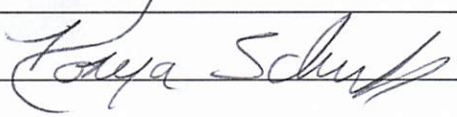
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	ROCK						
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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <span style="font-size: 1.2em; color: blue;">11/20/25</span>

Alcohol Beverage  
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

GERBITZ

2. First Name

ROBERT

3. M.I.

J.

4. Relationship to Business (Title)

PRESIDENT &amp; CEO

5. Email

6. Phone

7. Home Address

34 S. PARK STREET

8. City

OCONOMOWOC

9. State

WI

10. Zip Code

53066

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

**Part C: Address History**1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .

Years

Months

56 YEARS

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

County

State

County

State

County

State

County

WI

WAUKESHA

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

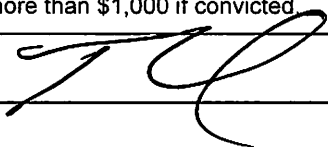
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ 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

6. Phone

7. Home Address

1825 SHERIDAN DRIVE

8. City

MADISON

9. State

WI

10. Zip Code

53704

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

**Part C: Address History**1. Do you currently reside in Wisconsin? ☒ Yes ☐ 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

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

County

WI

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 	Date 11/20/2025
---	-----------------

Alcohol Beverage  
Individual QuestionnaireDate  
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.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) Chakmant Hotel LLC (The)			
2. Business Trade Name or DBA The Chakmant Hotel			
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			

<b>Part B: Individual Information</b>					
1. Last Name KMEACK		2. First Name KALUN N		3. M.I. E	
4. Relationship to Business (Title) Agent/ General Manager		5. Email [REDACTED]		Phone [REDACTED]	
7. Home Address 2021 Prairie Pl					
8. City Holmen		9. State WI	10. Zip Code 54634	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

<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) 05/1989							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 N7049 ELIZABETH DR.		City Holmen		State WI		Zip Code 54634	
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 NA		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.

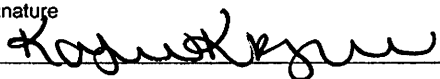
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ 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

6. Phone

7. Home Address

2365 NORTH PARKER DRIVE

8. City

JANESVILLE

9. State

WI

10. Zip Code

53545

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

## Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ 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	State	County	State	County
WI	ROCK						
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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

GERBITZ

2. First Name

ROBERT

3. M.I.

J.

4. Relationship to Business (Title)

PRESIDENT &amp; CEO

5. Email

6. Phone

7. Home Address

34 S. PARK STREET

8. City

OCONOMOWOC

9. State

WI

10. Zip Code

53066

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

**Part C: Address History**1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .

Years

Months

56 YEARS

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	County	State	County	State	County	State	County
WI	WAUKESHA						
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

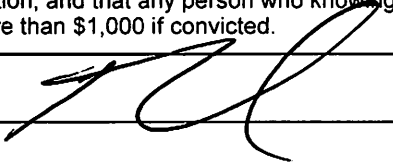
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

☐

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

6. Phone

7. Home Address

1825 SHERIDAN DRIVE

8. City

MADISON

9. State

WI

10. Zip Code

53704

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

**Part C: Address History**

1. Do you currently reside in Wisconsin? . . . . .

☒

Yes

☐

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

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 	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)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ 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

6. Phone

7. Home Address

N7426 CARRIAGE DRIVE

8. City

ELKHORN

9. State

WI

10. Zip Code

53121

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

## Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ 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	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**

**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

## Part I

Trade Name: THE CHARMANT HOTEL

## “Class C” Wine

(Insert Legal/Real Name of Proposed Licensee and Trade Name)

**CATHERINE GRANBERG**  
Notary Public  
State of Wisconsin

**SURRENDER OF LICENSE**  
**Part II**

12/16/2025

Date

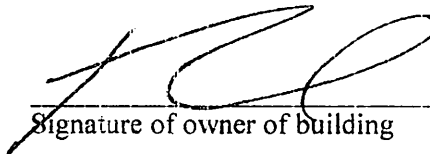
City Clerk  
400 La Crosse St.  
La Crosse, WI 54601

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:





# City of La Crosse, Wisconsin

## ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(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.*

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine

### APPLICANT

Legal/Real Name of Business:

Dutch Treats WI LLC

Trade Name:

Hollandberry Pannekoeken

Address:

Street

City

State

Zip Code

200 6th St S

LaCrosse

WI

54601

Telephone Number:

608-881-6392

Website:

hollandberrypannekoeken.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:

☒ 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 15 days.

### 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:

6:30 am to 8 pm M-Sunday

Anticipated Number of Employees:

30

Other Business to Be Conducted on Premise:

none

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

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

5 % Alcohol 95 % Food \_\_\_\_\_ % Other

If applicable, describe "Other":

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

Indoor 140 Outdoor, if applicable \_\_\_\_\_

**Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.**

If yes, a beer garden license or outdoor dining permit may be required.

No

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

If yes, a cabaret license will be required.

No

**Do you have off-street parking? ☒ Yes ☐ No**

If yes, how many parking spaces? 140

If no, how will parking be accommodated.

**Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, 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.**

In addition to supplying the above information which 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

12-11-25

**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
- ☒ FEIN
- ☒ 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



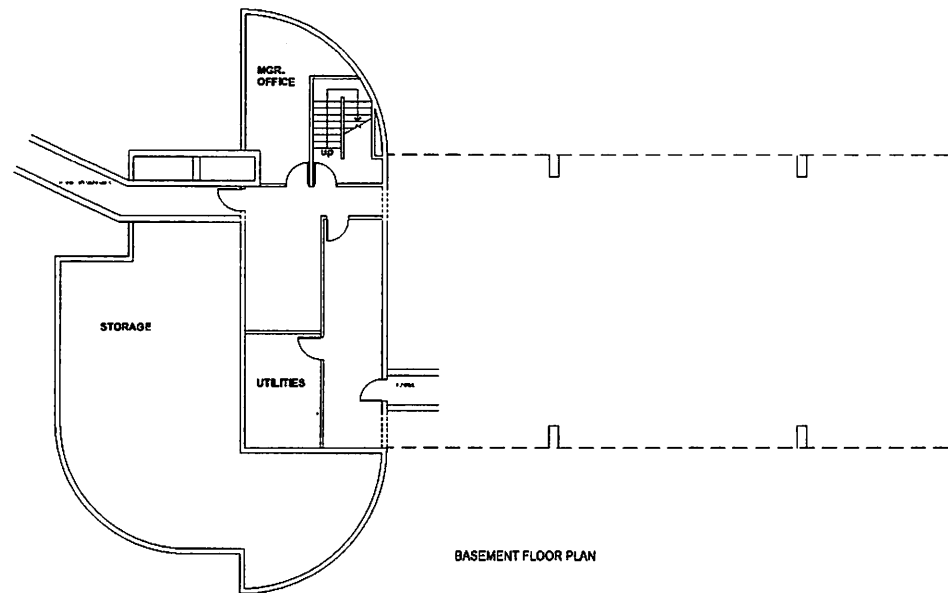
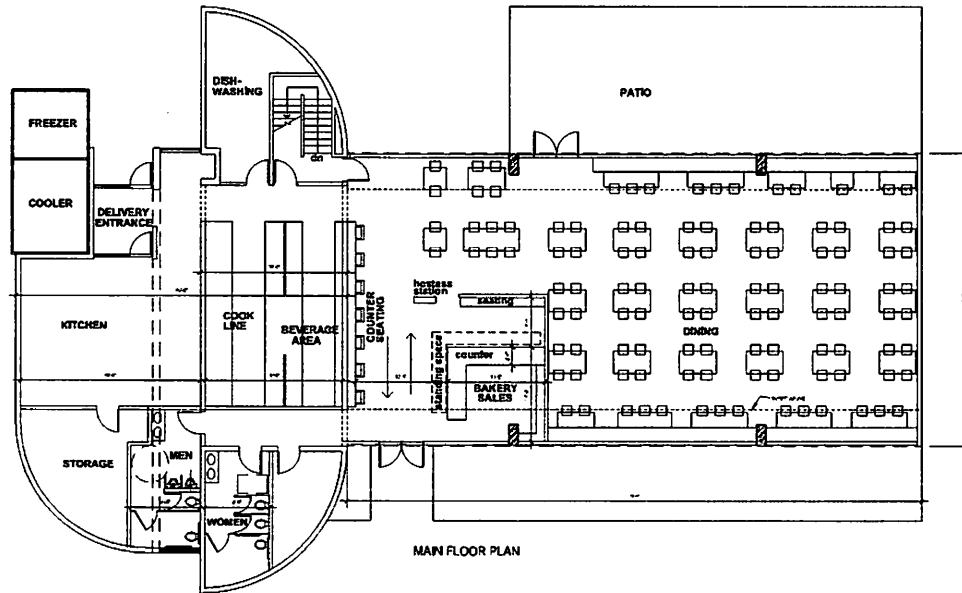
Setzer Architects  
2000 W. Main St.  
651-385-2218

HOLLANDBERRY RESTAURANT  
200 6TH ST. S.  
LACROSSE, WI 54601

Proj.no. 2415  
Date: 02/17/25

FLOOR PLANS  
Scale: 1/8" = 1'-0"

A1



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 ..... \$ 50.04
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
- ☒ "Class B" Liquor ..... \$ 250.02
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
- ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>300.06</u>
Background Check Fee	\$
Publication Fee	\$ <u>20.00</u>
Total Fees	\$ <u>320.06</u>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Dutch Treats WI LLC			
2. Business Trade Name or DBA Hollandberry Pannekoeken			
3. FEIN 333751369		4. Wisconsin Seller's Permit Number 456-1032104488-04	
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 WI		7. Date of Organization 03/04/2025	
8. Wisconsin DFI Registration Number D081808			
9. Premises Address 200 6th St S			
10. City LaCrosse		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: _____		15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website hollandberrypannekoeken.
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. Alcohol will be served from the bar in the dinning room to the people at the bar or in the dinning area.			
20. Mailing Address (if different from premises address) PO Box 622			
21. City Rochester		22. State MN	23. Zip Code 55903-0622

### 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

**LICENSE INFO**

**OUTDOOR DINING**

Sales and Service Area \*

Alcohol sold and served in the main dining room.



Storage Area

Alcohol and records stored in managers office downstairs in basement.





2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

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
Psomas	Dimitri	Manager	
Psomas	Tasos	Owner	

### 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 <b>Psomas</b>	First Name <b>Tasos</b>	M.I. <b>J</b>
Title <b>Owner</b>	Email [REDACTED]	Phone [REDACTED]
Signature 		Date <b>12-11-25</b>

### 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)

Dutch Treats WI LLC

2. Business Trade Name or DBA

Hollandberry Pannekoeken

3. Entity Type (check one)

- ☒ Limited Liability Company      ☐ Corporation      ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License      ☐ 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

Psomas

2. First Name

Dimitri

3. M.I.

S

4. Email

5. Phone

6. Home Address

2817 Lakeshore Dr #6

7. City

LaCrosse

8. State

WI

9. Zip Code

54603

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

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>Posomas</i>		First Name <i>Tasos</i>	M.I. <i>J</i>
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]	
Signature <i>[Signature]</i>		Date <i>12-11-25</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>Posomas</i>		First Name <i>Dimitri</i>	M.I. <i>S</i>
Signature <i>[Signature]</i>		Date <i>12/11/25</i>	

# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 28094815  
CARD # 28385215

## ServSafe Alcohol® CERTIFICATE



DIMITRI PSOMAS  
NAME  
12/11/2025  
DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.  
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66

©2015 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. ServSafe® and the ServSafe logo are trademarks of the NRAEF. National Restaurant Association® and the arc design are trademarks of the National Restaurant Association.

14102901 v.1402

Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com) with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.

NATIONAL  
RESTAURANT  
ASSOCIATION

233 S. Wacker Drive,  
Suite 3600  
Chicago, IL 60604-6383  
1.800.SERVSAFE  
312.715.1010 In the Chicago area  
[ServSafe.com](http://ServSafe.com)

©2015 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. ServSafe® and the ServSafe logo are trademarks of the NRAEF. National Restaurant Association® and the arc design are trademarks of the National Restaurant Association.  
14102901 v.1402



Alcohol Beverage  
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

Dutch Treats WI LLL

2. Business Trade Name or DBA

Hollandberry Pannekoeken

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Psomas

2. First Name

Tasos

3. M.I.

J.

4. Relationship to Business (Title)

Owner

5. Email

6. Phone

7. Home Address

5816 Summit LN NE

8. City

Rochester

9. State

MN

10. Zip Code

55906

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

MN

**Part C: Address History**1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

5816 Summit LN NE

City

Rochester

State

MN

Zip Code

55906

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

MN

Olmsted

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



12-11-28

# Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

Dutch Treats **WI LLC**

2. Business Trade Name or DBA

Hollandberry Pannekoeken

3. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☒ Limited Liability Company    ☐ Corporation    ☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Psomas

2. First Name

Dimitri

3. M.I.

S

4. Relationship to Business (Title)

Manager

5. Email

[REDACTED]

6. Phone

[REDACTED]

7. Home Address

2817 Lakeshore Dr. #6

8. City

LaCrosse

9. State

WI

10. Zip Code

54603

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

MN

## Part C: Address History

1. Do you currently live in Wisconsin? ..... ☒ Yes    ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin ..... (MM/YYYY)

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
2817 Lakeshore Dr #6	LaCrosse	WI	54603
Previous Address 2	City	State	Zip Code
215 Elton Hills DR #49	Rochester	MN	55901
Previous Address 3	City	State	Zip Code
5816 Summit LN NE	Rochester	MN	55906
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
MN	Olmsted	WI	LaCrosse				
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.

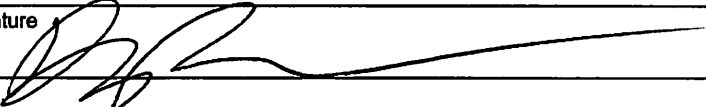
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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 12/11/25
---	---------------



# City of La Crosse, Wisconsin

## APPLICATION FOR INDOOR CABARET LICENSE

Check One: ☒ New ☐ Renewal For the license period \_\_\_\_\_ to \_\_\_\_\_ Fee: \$ \_\_\_\_\_

<b>BUSINESS INFORMATION*</b>			
Legal/Real Name: <b>CHARMANT OPERATIONS, LLC</b>			
Address of Above: Street	City	State	Zip Code
<b>101 STATE STREET</b>	<b>LA CROSSE</b>	<b>WI</b>	<b>54601</b>
<b>PREMISES INFORMATION</b>			
Trade Name of Business: <b>THE CHARMANT HOTEL</b>			
Address of premises to be Licensed:			Business Phone Number:
<b>101 STATE STREET, LA CROSSE, WI 54601</b>			<b>608-519-8800</b>
Premises are Owned By: <b>CHARMANT REAL ESTATE, LLC</b>			
Address of Owner: Street	City	State	Zip Code
<b>525 THIRD STREET</b>	<b>BELOIT</b>	<b>WI</b>	<b>53511</b>
<b>CABARET INFORMATION</b>			
Detailed description of cabaret area to be licensed: <b>HOTEL LOBBY/RESTAURANT/ BAR AREA</b>			
Nature of Entertainment: <b>LIVE MUSIC</b>			
Other Business Conducted upon the premises: <b>BOUTIQUE HOTEL, RESTAURANT/BAR</b>			
<b>MANAGER INFORMATION*</b>			
Cabaret Manager Name: First	Middle	Last	
<b>KALYNN</b>	<b>ELIZABETH</b>	<b>KRUEGER</b>	
Cabaret Manager Home Address: Street	City	State	Zip Code
<b>2021 PRAIRIE PLACE</b>	<b>HOLMEN</b>	<b>WI</b>	<b>54636</b>
Home Phone Number of Cabaret Manager:		Daytime Phone Number of Cabaret Manager:	
[REDACTED]		[REDACTED]	
Was the above person listed as manager on last year's application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

\*Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager.

The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

Signature of Applicant

Date

12/8/25

<b>OFFICE USE ONLY</b>			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
Signature:	Date:	Granted:	License #:

# Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

<b>MANAGER/PERSON IN CHARGE</b>				
Name: First		Middle	Last	
KALYNN		ELIZABETH	KRUEGER	
Home Address: Street		City	State	Zip Code
2021 PRAIRIE PLACE		HOLMEN	WI	54636
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
NONE				
<b>OFFICER/MEMBER</b>				
Name: First		Middle	Last	
KONYA		DIANE	SCHUH	
Home Address: Street		City	State	Zip Code
2365 N. PARKER DRIVE		JANESVILLE	WI	53545
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
NONE				
<b>OFFICER/MEMBER</b>				
Name: First		Middle	Last	
ROBERT		JOHN	GERBITZ	
Home Address: Street		City	State	Zip Code
34 S. PARK STREET		OCONOMOWOC	WI	53066
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
NONE				
<b>OFFICER/MEMBER</b>				
Name: First		Middle	Last	
DREW		STEPHEN	JELINSKI	
Home Address: Street		City	State	Zip Code
1825 SHERIDAN DRIVE		MADISON	WI	53704
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
NONE				
<b>OFFICER/MEMBER</b>				
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				